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THE UNIVERSITY OF ALBERTA

LIFE EXPERIENCES OF DRUG USERS

by

PAUL J.L. PRESTON

A THESIS
SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH
IN PARTIAL FULFILMENT OF THE REQUIREMENTS FOR THE DEGREE
OF MASTER IN EDUCATION
IN
COUNSELLING PSYCHOLOGY

DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

EDMONTON, ALBERTA
FALL 1987

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DATED: Ju. Aug 6 1987

The beginning of awe is wonder, and the beginning of wisdom is awe.

Awe is a way of being in rapport with the mystery of all reality. The awe that we sense or ought to sense when standing in the presence of a human being is a moment of intuition for the likeness of God which is concealed in his essence. (Heschel, 1976, p.74)

THE UNIVERSITY OF ALBERTA
FACULTY OF GRADUATE STUDIES AND RESEARCH

The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies and Research, for acceptance, a thesis entitled LIFE EXPERIENCES OF DRUG USERS submitted by PAUL J.L. PRESTON in partial fulfilment of the requirements for the degree of MASTER IN EDUCATION in COUNSELLING PSYCHOLOGY.

Supervisor

P. C. Sartoris

Sr. Therese Craig

Date: July 24, 1987

DEDICATION

This. thesis is dedicated to Mary, Brian, Mark, and Sarah. Without their openness, generosity, and the gift of their life stories this project would not have been possible. It is hoped that this project accurately reflects that gift. Thank you.

Abstract

This study investigates the growing up experiences of four persons who either use or have used drugs. In addition, it presents their understanding of their drug use and their lives in general. Lifestory interviews were used to approach their memories of growing up events and their understanding of their drug use and their lives. These lifestories are presented as case studies, organized according to themes which were identified in the interviews. Related to the growing up experiences, themes included, reality and fantasy difficulties, coping strategies, negative feelings about self, poor parenting skills of the parents, loss, leaving home early, and so on. Regarding their understanding of drug use, it was seen primarily as a coping strategies. Finally, the themes with respect to their understanding of their lives, included, making sense out of past pain, present goals, and what they consider meaningful in life. Some of the family experiences identified were found to be consistent with previous research into the family correlates of drug use. These included: tendency towards escapism, leaving home early, loss, parental substance use, poor parenting skills of the drug users' parents, and lack of nurturance and encouragement. Some of the remembered experiences were apparently new, with respect to literature on drug use. These included: the development of coping strategies other than the drug use (detaching, creation of fantasy, and so on), closeness to grandparents, favouritism, working to support self in adolescence, money as a means of expressing love, and achievement motivation. The overlap in the "newness" of the findings gave concurrent validity to the approach. Another significant finding was the holistic nature of the results, and finally, the most important substantive contribution of this study was the described difference in the unity of the lifestories between the three volunteers who had gone through recovery and the one who was actively using.

Acknowledgements

There are many people who contributed to this study, either directly or indirectly. To the many who have helped and encouraged me through my studies, especially the staff and students in the Department of Educational Psychology, I offer my heartfelt thanks. I would like to acknowledge and thank those who were directly involved with my project.

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Thirdly, a special thanks must go to the staff of Student Counselling Services, who supported me and gave me something to laugh about when the going got tough. In addition, thanks to Erika Schutz, Jean Clark, and Amy Parkinson, who did some typing for me.

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CHAPTER ONE: INTRODUCTION

Within this volume a research project exploring the lives of four persons who use drugs or have used drugs is presented. For the purposes of this study alcohol is considered to be a drug (A rationale for this assertion is presented in this chapter). The project grew out of an interest in research utilizing the skills of the counsellor in practice, namely, interview skills and an interest in understanding the family, childhood and adolescent experiences of persons who have used drugs. "Understanding," to me, involves three processes, each of which are crucial in counselling. The first is the clients' understanding of their respective worlds, the second is the counsellors' understanding of their worlds and the realm of psychology and behavior, and the third is a shared understanding between client and counsellor. This project focuses on the first of these processes, the perspective and understanding of the client.

Objectives of Study

The study had one main objective, to seek drug users' understanding of their lives and their drug use. To achieve this, three questions guided the study:

1. What kinds of family, childhood, and adolescent experiences do drug users describe as significant to them?
2. What is their understanding of their drug use - the factors in their lives which they feel contributed to the drug use and its function(s) for them?
3. What is their understanding, or what meaning do they give to their lives and their life experiences as a whole?

(For the purposes of this study, "drug users" refer to those persons who have used drugs, but are no longer using them, and to those persons who presently use drugs.) Inherent in the questions is a desire to approach an understanding of their life experiences and the meaning of their drug use and their lives, from their perspective.

In the initial research proposal, the first question above was the sole research question, however as the research progressed, it became evident that some of the information offered to me by the volunteers went beyond the sharing of the life experiences to include their understanding of the experiences, the drug use and their life as a whole. The objectives of the study were then changed to include this information.

Rationale

The Problem

No person in the Western World needs convincing that drug use is a problem. With the governments of two of the most affluent nations in the world, Canada and the United States, proclaiming a "war on drugs," drug use is in the news and millions of dollars are utilized towards the funding of research, treatment and prevention programs. The greatest cost however, is not the money but the individuals whose lives are lost or destroyed and the families that suffer the pain of a member's drug use.

Within the past twenty-five years, the research into individual psychopathology as a symptom of family dysfunction has grown, especially from the perspective of Family Systems Theory. Researchers, theorists and practitioners from this perspective have attempted to describe the interactional variables associated with psychopathology and behavior disorders. Examples of this development include: research into schizophrenia (Bateson, Jackson, Haley & Weakland, 1968; Selvini-Palazzoli, Boscolo, Cecchin & Prata, 1978), anorexia nervosa (Minuchin, Rosman & Baker, 1978; Selvini-Palazzoli, 1974; White, 1983) and drug use (Alexander and Dibb, 1975; Coleman, Kaplan & Downing, 1986; Reilly, 1975; Stanton et al, 1978). This research has provided valuable insights into these behavioral disorders, however they are lacking in terms of the individual's and the family members' understandings and experiences of the disorder.

At the outset, this research study begins with the assumption that drug use is a family problem. Based on much of the above research and research of his own, Auerswald (1981) asserts that,

> if our country [United States] is serious in its apparent wish to attack the phenomenon of drug abuse, the way to do so is not to develop drug abuse programs, but instead to develop a system that will support and foster family life. (p.117)

Further research is required into the family experience of drug use, however, the research should include the understandings and experiences of the family members and especially the "symptom bearer."

Much research has been conducted investigating: the structures of family systems where drug use exists, the contributions of family variables (inside and outside the family systems perspective) to drug use and of the functions of the drug use for the system. Little research, however, has attempted to understand the the drug use and family experiences from the perspective of the family members, including the drug user.

Recent surveys and articles on family research in general (Hodgeson & Lewis, 1979; Beavin-Bavalas, 1984) and family research with respect to drug abuse (Klagsbrun & Davis, 1977) do not mention any use of qualitative methodologies, focusing on the perspective of the individual members. The articles reviewing and discussing family research methodology focused on types of statistical measures of interactional and noninteractional data, classification and assessment of types of family structures and functions. With respect to drug use, Kagsbrun and Davis' (1977) review of the kinds of research into families and drug use does not include non-clinical case studies. Consequently, there is a gap in our understanding of the family members' and drug users' experiences of the drug use and their family.

This gap in the research has not gone unnoticed. Researchers from a family systems perspective have called for research into the experience of the family system from the perspective of the symptom bearer and other members of the family (Novak & Van Der Veen, 1969; 1970). In addition, Sartre (In: Keen, 1978) has pointed out the deficit in our "understanding" of psychopathology and calls for therapists and researchers to seek the perspective of the person suffering the disturbance.

> I believe that one cannot understand psychological disturbances from the outside, on the basis of a positivistic determinism, or reconstruct them with a combination of concepts that remain outside the illness as lived and experienced. I also believe that one cannot study, let alone cure, a neurosis without a fundamental respect for the person of the patient, without a constant effort to grasp the basic situation and to relieve it, without an attempt to rediscover the response of the person to that situation, and...I regard mental illness as the "way out" that the free organism, in its total unity, invents in order to be able to live through an intolerable situation. (p.6)

We know what the symptoms look like from the outside; however, it is even more important to know what it feels like on the inside.

When we place Sartre's rationale within the perspective of the family, the focus necessarily turns to the understanding of the family experience from the perspective of the family members, especially the symptom bearer. This is the focus of the present research.

The method

Methods and procedures

A Lifestory interview approach (Tagg, 1985) was chosen to seek an understanding of drug users' growing up experiences, and their understanding of their drug use and their lives. This approach was chosen because it is particularly suited to seeking the understanding of others. First of all, the focus of the lifestory interview is the retrospective lifestory of the person encountered. Secondly, the approach allows the researcher to get close the data, that is to seek the perspective of the drug users on their experiences. Further, this method is also consistent with the phenomenological attitude with which I am approaching this study. The methodology of this study, therefore, is termed "a lifestory case study approach, with the attitude of a phenomenologist."

The phenomenological attitude of the researcher

Phenomenology is concerned with lived, human experience and its meaning. More specifically, it is the study of the life-world (Van Manen, 1984) and is a "...method which allows us to contact phenomena as we actually live and experience them" (Husserl, In: Valle & King, 1978). Life-world experiences are mystery, yet knowable and the goal of phenomenological research ". . . is to bring the mystery more fully into our presence." In the process we "..., fulfil our human nature: to become more fully who we are" (Van Manen, 1984). The language of experience must then be translated into verbal language. Translation can never fully express the meaning of the experience which was intrinsically felt and perceived, just as the English translation of a French song or a story can never reflect the nuances of meaning originally intended by the French writer. However, translate we must, if we are to understand each other and ourselves.

This study is not a phenomenological study because it does not attempt to reach the depths of the drug use experience that phenomenology would entail. However, I have attempted to approach the lives of the four volunteers in this study with the attitude of a phenomenologist.

Husserl (1962) refers to the attitude of the phenomenologist as the "trascendent attitude." This attitude compels researchers to attempt, to the extent that it is possible, to render their perceptions, presuppositions, values and biases inoperative. This is done by declaring them openly to the researcher as an act of "controlling for them" (Valle & King, 1978).

According to Van Mannen (1984), the transcendent attitude is a "thoughtfulness, ...a minding, a caring attunement - a needful, mindful wondering about the project of life, of living, of what it means to live a life." (p.2) Heschel (1968) shares what I believe to be part of the essence of the transcendent attitude.

> How do I think of a human being? To think of a human being is to think of what I know. To think of a human being is to think of what I am. A thing I perceive in the light of my knowledge; a human being I see in the image of my own being. In perceiving an animal, I come upon otherness; in meeting a person, I come upon familiarity; "like knowing like." There is agreement of being, concurring of existence, a self beholding a self. I see what I am. (Heschel, 1968)

In an effort to approach the persons encountered in this study with this transcendent attitude, with an openness to the volunteers, I took some time to reflect on who I am as a person, as a therapist, and as a researcher. I took into account the research I had reviewed, the theoretical perspective through which I approach pathology, the philosophy I hold towards life, and the values that are important to me as a person. The results of this reflection are presented in chapter two and chapter three. Chapter two summarizes the research and the readings that I reviewed prior, during and after the interviews, and briefly describes family systems theory (the major approach through which I try to understand pathology) and the end of chapter three describes my reflections on my philosophy of living and values with respect to this study.

It is hoped that this study reflects a concern for a human experience and its meanings, and the remembered life-world experiences of persons who use/have used drugs. This study attempts to bring the mystery of this human experience into your presence. Consistent with the transcendant attitude, I will attempt to bring to you the understanding the voulunteers have of their life experiences, their drug use and their lives in general, rather than my own understanding.

Regarding definitions

Drug use versus drug abuse

The observant reader will have noticed by this point that so far, I have not used "drug abuse" in this text. It will not be used in the rest of the text either, except where it has been used by previous writers. The term "drug abuse" is not used because it is confusing. Two recent articles have attested to this fact (Apsler, 1978; Zinberg, Harding & Apsler, 1978). The writers of these articles have observed that the confusion is partly due to: 1. what to include as a "drug," and 2. what is to be considered "abuse," as opposed to "use." Both of these authors recommend that determining whether a drug is abused should be done on an individual basis. For Zinberg et al (1978), this included observing the individual using the drug, observing the effects of the drug, evaluating the effects according to their harm or desirability and finally an overall evaluation. "If the undesirable effects outweigh the desirable ones, or if certain undesirable effects are sufficiently negative (regardless of other redeeming desirable effects), use of the drug is judged to be abuse." According to Apslar (1978), the criterion for determining abuse is simply whether or not its use can be controlled. Regardless of what the criteria are, Zinberg et al (1978) make the following recommendation which is pertinent for this study.

> Dropping the term "drug abuse" is one step toward enabling both users and society as a whole to understand when people use drugs, [and] how they use them, ... By speaking of use instead of abuse, we carry on research in a precise and non-condemnatory way. (p.31)

The objective of the this research is to seek the understanding of the drug user. For this and the reasons cited above, "drug abuse" is replaced by "drug use."

The criterion I used to determine the eligibility of the volunteers for the study, in terms of their drug use was that "The use of the drug(s) should have occurred at least twice monthly for the duration of at least one year during their adolescent years." I felt that twice monthly was intuitively significant in terms of frequency and one year was intuitively significant in terms of duration. The criteria could not be too stringent because I had difficulties obtaining a sample.

Alcohol considered a drug

For the purposes of this study, alcohol is considered to be a drug. Apslar (1978) presented a rationale for this, even though the American Federal Drug Administration does not include it in its definition of a drug (Apslar, 1978). According to Apsler, "drugs" that are regulated need to meet the following criteria: 1. the potential for physical harm, 2. the likelihood of unintentional overdose and 3. the "capacity to produce physical dependence." Alcohol meets each of these criteria quite well. Alcohol can be physically harmful, even fatal and it is "The unregulated substance most likely associated with accidental overdose...." In addition, excessive use of alcohol "can lead to dependence," and finally withdrawal from physical dependence on alcohol is extremely difficult and "treatment is notoriously unsuccessful" (p.61). One recent practice has been to write about "addictions." In so doing, Peele (1985) included alcohol as a drug.

What to Expect in the Coming Chapters

Chapter two, as noted above will summarize the research into families of drug users which I reviewed. Research is described from within and outside the family systems perspective, together with a brief summary of qualitative research into drug use and a rationale for the use of the life story interview method.

Following this, the third chapter will describe the study's sample selection, the life story interview, and the methods used identify and present the life themes in the interview "data." Chapter four will present the volunteers' life stories according to those themes.

Finally, the fifth chapter will present an integration of the results in chapter four with the previous research described in chapter two.

In summary, then, I am seeking drug users' understanding of their life experiences and their drug use.

CHAPTER TWO: LITERATURE REVIEW

Introduction: An Integration of the Research on and Theories of Drug Use

In order to approach an understanding of the family, childhood, and adolescent experiences of drug users, and an understanding of drug use, I spent much of the previous year reviewing some of the of preceding research into the families of drug users. I discovered that research on and theories of drug use abound. Reading through the volumes of literature on this topic left me with some confusion. An addiction has

> been viewed as a disease, a moral failing, a psychological disturbance, a social problem, an impairment, a faulty mode of family interaction, and an inexplicable result of social drinking or recreational drug use. (Levine, 1985, pp.3-4)

According to Alexander and Hadaway (1982), the literature on drug use appears "chaotic and bewildering." It is filled with "the vocabularies of all the major schools of psychology. They add that "there has been no successful integration of this multitude of theories" (p.367). Each theory might focus on one "cause," one patterned manifestation, or "the" profile of the alcoholic or drug user. However, as Needle, Glynn and Needle (1983) point out,

> a wide array of variables such as the type of drug(s) used, measurable stress as the source or the result of drug used, sibling use, family communication patterns, parental modelling, occurrence of recent death or loss, or availability of community support systems may influence the incidence, prevalence, and patterns of use within a family. But there is rarely, if ever, a single cause for this behavior. (p.40)

At best, therefore, there may be a number of different patterns of drug abuse, each with their own correlates. In order to place some order into the confusing array of literature, I put together a model to situate the research reviewed and this present project.

An integrative model for understanding theories of and research on drug use

The foundation of this integrative model is Ritterman's (1983) tripartite symptom model. From her point of view, a symptom occurs at the interface of three "hierarchical levels of power and influence" (p.5). These are (1) "the individual mind set," (2) "the family context" and (3) "the individual's social situation (culture, race, religion, gender, class and generational hierarchies interiorized by families)." Rather than present the integrative model as a hierarchy, however, the model is presented holistically, as a gestalt. (Figure 2.1, on page three)

(1) Features of the model

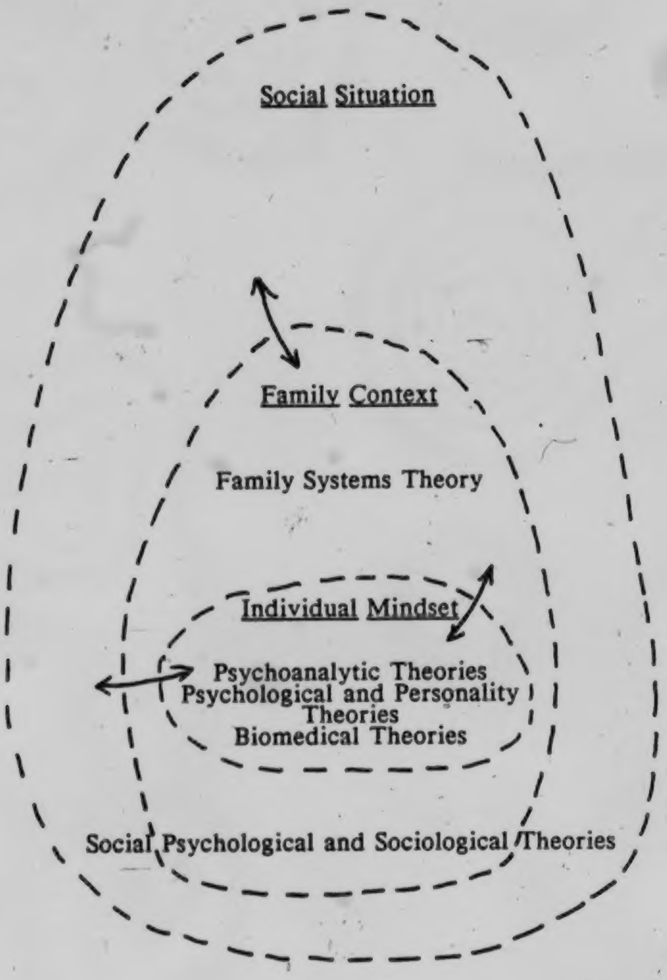
The model has the following features:

(a) The boundaries between the individual and family, and the family and the social situation are permeable, just as each theoretical perspective should not be rigidly focused, excluding variables outside its perspective. (i.e. Psychoanalytic theories do not only deal with the "individual" psychodynamics of drug use.)

(b) There is interaction between the individual system and the family, the the individual and the social system, and the family and the social system, just as there should be between theories and theorists.

(c) The labels of the theories are borrowed from Lettieri's (1980) categorization of the theories of drug abuse:

Figure 2.1: An Integrative Model of the Theories on Drug Use


Social Situation
Family Context
Family Systems Theory
Individual Mindset
Psychoanalytic Theories
Psychological and Personality Theories
Biomedical Theories
Social Psychological and Sociological Theories

1. Psychoanalytic Theories, which see the addict as being "...unable to cope with adult responsibilities and consequently regresses to a more childlike state to deal with his negative feelings and poor self-esteem"
2. Psychological and Personality Theories, which place differential emphasis on various psychological variables, including personality deficiencies as a result of poor family environments, self-esteem, inferiority feelings, strong achievement needs resulting in fears of failure, ...
3. Social Psychological and Sociological Theories, many of which place importance on the interaction of different variables, for example "personal factors, social meanings and values, and environmental influences." (Family systems theory models are included in this category), and
4. Biomedical Theories, which have various foci, including: learned dependence based on a drug's ability to stimulate the pleasure centers in the brain, deficiencies in metabolism, and a genetic and evolutionary view.

Notice in Figure 2.1, that the Social Psychological and Sociological theories transcend the boundary between the family context and the social situation.

(2) Limitations of the model

The model however, is not perfect. The model does not represent a developmental perspective, which would incorporate the development of all three of the systems. From the individual perspective, for example, at the age when the individual is leaving home, a graphic representation of this would place the individual between the social situation and the family. The only aspect of the model which is consistent with developmental theory, is that the family is the intermediary between the individual and society. That is, it is the family which prepares the individual to function in society (Carter & McGoldrick, 1983; Duval, 1971). From the perspective of the the social situation, the different features of drug use from one cohort to the next, is not represented.

(3) Situating the present research

This present research is situated at the permeable boundary between the individual and his family, with an emphasis on individuals' perceptions of their family experiences. The research reviewed in this chapter focuses on the research addressing the families of drug users from researchers using the family systems perspective and the broader, social psychological perspective.

The research reviewed

The research reviewed in this chapter focuses on the family and the individual. First of all, the research into families of drug users from family systems theory and other social psychological perspectives will be summarized. Secondly, this literature review will include qualitative research utilizing a number of different methodologies including ethnomethodology, ethology, and phenomenology. One of the common elements of these qualitative approaches, is that they focus on the perspective of the drug user with their goal being to "understand." This latter portion of the chapter will provide a rationale for the methodology of the present study.

Systems Theory Research into Families of Drug Users

Family systems theory described

1. The nature and function of the family

According to Duval (1967), "the family is a unity of interacting persons related by ties of marriage, birth, or adoption, whose central purpose is to create and maintain a common culture which promotes physical, mental, emotional and social development of each of its members" (p.27). Duvall identifies eight basic tasks of the family. These include: physical maintenance, socialization of family members, reproduction, recruitment and release of family members, and placing members in the larger society. According to Duval,

> it is within the family that the child is born, nurtured, taught, socialized, matured, and released to start a family of his own. No other social group receives the child so young, relates to him so intimately, interacts with him with deeper and more lasting emotion, influences his behavior so profoundly, or has lasting continuing contact with him over so long a period. (p.29)

According to Carter and McGoldrick (1980), the ability of a family to provide adequately for the birthing, nurturing, and socializing of children into well functioning adults depends on the learned "patterns of relating and functioning" from previous generations and a family's ability to meet the stressors of development (and unexpected stressors), as the family moves through time (p.169). These stressors of development are inherent in both the individual and family lifecycle.

(2) The family as a whole

Systems conceptions of the family look at the family as a whole - that is - as a gestalt. Each member is an integral contributor to the health of the family, just as the family as a whole contributes to the health of the individual. A change in one member's behavior or status affects all the members. In treatment, the family is the "client." In developmental psychology, the family is the unit of development. According to Watzlawick and his colleagues (Watzlawick, Beavin & Jackson, 1963; Watzlawick, Weakland & Fisch, 1974) pathology emerges when developmental change should occur, but does not (such as when young adults remains emotionally or physically tied to their families when they should leave home) and when family disruption occurs at a time when it is not expected (such as sudden death or divorce).

The child rearing family exists at the interface of previous generations and successive generations. Events occurring at one generation affect individuals in other generations. In the words of Carter and McGoldrick (1980),

> Naturally, there is an intermingling of the generations, and events at one level have a powerful effect on relationships at each other level. ...there is a clear indication that illness can have profound effects on the parents' relationship with their children many years later. (p.169)

In addition to being at the interface of three and more generations, the child rearing family is also at the interface of the individual and society. Aspects of the individual system interact with each other, which in turn, interact with other individuals in the family system. Families and their individual representatives also interact with portions of the society, for example, at work, school, and in recreation. According to Duvall (1968), family interactions include all the processes "by which a family relates to life outside itself, and through which one member's action is stimulated by the behavior of other members within the family" (p.28).

Research on drug use from a family systems perspective

Research on drug use from a family systems perspective has identified a number of family features; these include: 1. themes related to death and loss, 2. marital conflict and the triangulation of the drug user, 3. the drug using member's difficulty leaving home, 4. an absence of emotional closeness between family members, and 5. other features. Each of these will be summarized below.

1. Themes related to death and loss

Numerous researchers have found a connection between death and loss, and family life cycle disruption (Carter & McGoldrick, 1982). After reviewing the literature, Carter and McGoldrick (1982) concluded that a number of factors can affect the "degree of disruption" in a family. The most significant of these factors are "the timing of the death in the life cycle of the family, the nature of death, the openness of the system, and the position of the dying or dead family member" (p.172). Walsh (In: Carter & McGoldrick, 1980) and Orfandis (In: Carter & MacGoldrick, 1980), for example, both found that two significant life cycle events occurring closely together in time, such as the death and the birth of two members, is correlated with symptom development "at a much later time in the lifecycle," such as the leaving home stage of family development. (p.169)

Themes and events of loss have been found to be a significant correlate of drug using families. (Coleman et al, 1986; Coleman & Stanton, 1977; Klagsbrun & Davis, 1977; Reilly, 1975, 1984; Stanton, 1977, 1979b). Three kinds of losses are discussed frequently in the literature: (1) deaths of family members and friends, (2) separations of parents/parent figures from the family (temporarily or permanently) and (3) separation of the adolescent substance abuser from the family. The literature points to higher frequencies of each of these in drug using families than controls (Coleman et al, 1986; Ferguson, Lennox & Lettiere, 1974). Coleman et al (1986) for example, found that families of youthful drug abusers had experienced significantly more deaths than their samples of families of psychiatric outpatients and normal students. Other research has found that, compared with controls, a significant number of drug users' families experienced the death of paternal grandfathers when the fathers were young (Blum & Associates, 1972) and that 72 percent of the families of a drug using sample "had experienced at least one traumatic or unexpected loss of a member" (Coleman, In: Coleman & Stanton, 1978).

Similar results are found by Stanton et al (1978) and similar results regarding separations by Coleman et al (1986). In the Coleman et al (1986) study, it was found that when compared with the psychiatric outpatient and normal student samples, a significantly greater portion of the addicts (compared with psychiatric out patients and controls) were separated from their home during their childhood and adolescence. Finally, similar findings, with respect to parental separation and divorce are cited (Coleman et al, 1986).

2. Marital conflict and the triangulation of the drug user

Structurally, families of adolescent drug users manifest intergenerational coalitions, with the adolescent usually enmeshed with the opposite sex parent (Alexander & Dibb, 1975; Coleman, 1980; Levine, 1985; Stanton et al, 1978). According to Bowen (1978), this structural dynamic is called triangulation, and where the family holds to it inflexibly, pathology emerges in the triangulated daughter/son. Other researchers (Ellinwood, Smith & Vaillant, 1966; Wellisch, Gay & McEntee, 1970) have pointed out that occasionally the overinvolvment of the parent and child occurs to the point of incest. Alexander & Dibb (1975) have also described an enmeshment structure, in drug abusing families of certain ethnic origins which involved the same-sex parent.

Inherent in intergenerational coalitions is a troubled marital dyad. Stanton (1979) found a predominance of disturbed marital relationships in drug abusing families. With the marital relationship insufficient for support, one (or both) parents may turn to one of their children. "Often the child's problem becomes the only 'cause' around which the parents can unite so in a sense he keeps them together" (Stanton, 1979).

The impact of this arrangement reaches its greatest poignancy as adolescents and their families approach the leaving home stage of development. The marital dyad is faced with the possible loss of their child and the subsequent necessity of having to deal with unresolved issues in their marital relationship. Pathology (drug use) in the adolescent may then intensify to keep the structure of the family from changing.

3. The drug using member's difficulty leaving home

Adolescent and young adult drug use has within the past ten years been thought of as a symptom of family dysfunction as the system approaches the leaving home phase in the life cycle. (Alexander & Dibb, 1975; Coleman, 1980; Coleman et al, 1986; Coleman & Stanton, 1977; Haber, 1983; Klagsbrun & Davis, 1977; Levine, 1985; Reilly, 1975; Stanton, 1979a; 1979b; Stanton et al, 1978). Researchers have identified a cyclical pattern of: the addict moves out - begins to achieve some independence - the parental dyad enters into conflict - the addict fails in some manner (overdose or some other crisis) - parents unite and bring the addict home or to bail him/her out. This pattern is associated with the high numbers of addicts living at home in their late twenties and early thirties and with the frequent (often daily) contact with parents.

Noone and Reddig (1976) for example, found that 72% of their

323 drug addict sample (average age: 24.4) still lived with their family of origin. Similar findings were described by Stanton et al (1978) and Vaillant (1966)

Stanton and his colleagues (Stanton et al, 1978) observed the connection between the death, loss, triangulation, marital conflict, and the addicts' leaving home. Combined with the intense triangulation, with the unresolved grief, loss, and separation issues in these families, the addicts, as they approach the age of separation from the family, become

> part of a continuum of self-destruction which is abetted, sanctioned or at least not resisted by most or all of the family members. This may be related to the ...separation issue in that many families state explicity [sic] that they would rather see the addict dead than lost to the people outside the family. There seems to be a contract within these families in which the addict's part is to die or come close to death. He becomes a martyr who sacrifices himself at their behest. It is as if they are saying, "If you have to separate, there is one way you can do it and that is by dying." (Stanton et al, 1978, pp.136-137)

What appears evident, Coleman et al (1986) point out, is that because of separations, deaths and losses (many of which are bizarre, sudden and unexpected), the life cycle of the addict becomes severely disrupted, creating ambivalence over all separations, including developmentally normal ones. Reilly (1975) has observed that as a result of the "miscarried grief" over these losses, these families possess many underlying conflicts resulting in the absence of emotional closeness and other symptoms.

4. Absence of emotional closeness between family members

Research into families of drug users from a systems perspective describe emotional closeness as absent. Reilly's (1975) clinical observations and research has found that families of drug users manifest ambivalence regarding attachment as well as separation, and nurturance deprivation. Because of the many unresolved issues and losses, especially in the lives of the parents,

> their conflicts over loss and mourning seem to be projected outward onto the family as a whole. The entire system is contaminated, with every family member - adult or child - caught up in the sense of loss, impaired mourning, separation anxiety, and defensive object-conservative maneuvers. (p.157)

As a consequence of this "family melancholia," Reilly (1975) observed that families with drug users display: a lack of emotional closeness, ambivalence regarding intimacy, poverty of affective expressions (except possibly negative emotions), and poor impulse control. He observed that "these families have a dull, deadened, lifeless, shallow, affectless quality - as if each member was encapsulated, separated from the others by some yawning gulf" (p.151).

5. Other themes

In addition to the themes described above, Reilly (1975) found that families of drug users manifest: parental denial of the adolescent's drug use (in spite of the adolescent's apparent efforts to get caught), adolescent anger - expressed inwardly and outwardly (aggression, low self-esteem and suicidal behaviors), escapism and self-medication as a means of coping, meaninglessness and isolation in home life.

Finally, Stanton (Stanton et al, 1978) observed that families of drug users manifest multigenerational drug use and greater symbiotic needs in the addicts' mothers. Stanton and his colleagues observed that the drug use and the lifestyle of the heroin user reflects what they call "pseudoindividuation," which describes the many ways he can be absent from the family without leaving. For example, the drug use appears to provide "...a paradoxical resolution to [the family's] dilemma of maintaining or dissolving the family, i.e., of his staying or leaving." Under the influence he can behave aggressively to his family, which gives the illusion of independence and yet the behavior is blamed on the drug. The euphoria of the heroin permits the user to be close, physically, but distant, emotionally.

6. Summary

The research into families of drug users from the perspective of family systems theory, suggests that drug use emerges as the adolescent increases his separation from the family, usually an expected and normal experience. However, in these families, as this happens, the adolescents drug use escalates as a way of helping the family deal with the impending separation. The drug use is necessary, it is suggested, because the family (especially the parents) cannot tolerate another person leaving their lives. This, in turn, is because they have not dealt with the other losses, often traumatic, which they have experienced previously. In these families, there exists conflict between the parents, and the adolescent drug user is recruited by one of them for support. Other features of families of drug users discussed above include, the absence of emotional closeness, parental denial of adolescent drug use, adolescent anger, escapism, self-medication, meaninglessness, and isolation in home life. For the drug user, the drug use helps him deal with these family situations. That is, it keeps him home, and yet gives him the feeling of separation.

Research from Social Psychology into Family Experiences of Drug Users

Research into the family experiences of drug using persons has come from researchers manifesting other social psychological orientations. The articles reviewed focused on a number of factors which the researchers found to be significantly correlated with drug use. These include: low self-esteem, conflict with parents, father absence, fathers' coldness, marital conflict, loss and death, alienation, independence, parental use of substances (prescribed, legal or illicit), and low value on and expectation for achievement. Some of these will be discussed individually below.

Low self-esteem

According to Steffenhagen (1978) self-esteem is linked with the Adlerian concepts of inferiority and superiority. From this perspective, persons feeling inferior have a "poor regard" for themselves and superiority feelings are merely the compensation for the inferiority. Self-esteem, "our self-concept," he says, "developes along with the rest of our personality through the socialization process" (p.3). A poor self concept can be the result of a "pampered life-style" or a "neglected life style." "In the pampered life-style the individual is given everything - he develops no feeling of self-worth through his own accomplishments" (p.3). Regarding the neglected life-style, Steffenhagen comments, "here the personality develops in a situation of deprivation and neglect where the child gets no support from within the family. He finds the world hostile and reacts in a hostile manner, promoting the very hostility he perceives in others." (p.3) In both lifestyles, low self-esteem results. In the pampered lifestyle, "his efforts are irrelevant because he is given everything he needs whether he strives for it or not." (p.3) In the neglected life-style, on the other hand, low self-esteem develops because no matter how hard the individuals try, they cannot meet their needs.

Finally, with respect to drug use, Stephenhagen's theory suggests that where self-esteem is low and where there is peer pressure to use drugs, then "abuse" will result. Where self-esteem is high and there is pressure to use drugs, drug "use" will result. In addition, where there is no pressure to use drugs, then, regardless of what level a person's self-esteem is at, no drug use will develop.

There is some support for the Steffenhagen's theory that drug users have low self-esteem (Capuzzi & Lecoq, 1983; Gibbs, 1982; Gorsuch & Butler, 1976; Rees & Wilborn, 1983). In reviewing the literature on the social and personal determinants of drug use, Capuzzi & LeCoq (1983) found low-self esteem to be a frequent correlate of drug use in the research. This was found to be true for deviant behavior in general, including drug use (Kaplan, 1985; Capuzzi & LeCoq, 1983), for drug using teenage girls experiencing borderline personality and neurotic personality symptoms (Gibbs, 1982), and inpatient drug using youths (Rees & Wilborn, 1983).

With respect to the self-esteem correlate of drug use, Rees and Wilborn (1983) concluded that,

> the relative importance of self-esteem as a discriminator of drug abuse in this study was influenced by the adolescents' perception of their parents' behavior. The improvement of the adolescent's self-esteem is an important goal in the prevention and treatment of drug abuse, but no more important than the development of a positive family relationship characterized by parent-child agreement and by mutual acceptance. (p.61)

Consistent with Steffenhagen's (1978) theory, therefore with respect to drug use and low self-esteem, the relationship between adolescent and parent is a necessary focus in research on families of drug users.

The relationship between adolescent and parents

Research into the relationship of adolescent drug users and parents have highlighted: authoritarian versus democratic parenting styles (Jurich, Polson, Jurich & Bates, 1985), the presence of conflict and closeness to parents (Capuzzi & Lecoq, 1983; Kovach & Glickman, 1986; Rees & Wilborn, 1985; Vaillant, 1966), permissiveness (Frankel, Behling & Dix, 1975; Gorsuch & Butler, 1976; Sadava & Forsyth, 1976) and parental use of substances (Gorsuch & Butler, 1976; Kandal, Kessler & Margulies, 1978).

The research appears to indicate that families of drug users are difficult families in which to grow up. Jurich et al (1985) found that "both drug users and abusers reported having families with a high frequency of parental absence, scapegoating, hypocritical morality, divorce, mother-father conflicts and family break-up" (p.152). Consistent with this, Kovach and Glickman (1986) found that families of drug users had significantly more crisis situations and the users had more conflict with parents.

Kandal (Kandel et al, 1978) described three stages of drug use and found that family factors (especially relationships with parents) are related with persistence in serious drug use, but not with relatively minor drug use. In addition, Wright (1985) found that high school polydrug users were more likely to report physical abuse and many conflicts with parents.

Consistent with this research, Baer and Corrado (In: Gorsuch & Butler, 1976) concluded that, "early life experiences in the home (lack of parental concern, harsh physical punishment and experiencing an unhappy childhood) can be important predisposing factors to subsequent initiation of illicit drug use" (p.124). Similar results have been reported by other investigators (Babst, Deren, Schmeidler, Lipton & Dembo, 1978; Cohen, White & Schooler, 1971; Compass, Slavin, Wagner & Vannatta, 1976; Hansen, Malotte, Collins & Fielding, 1986; Tudor, Petersen & Elifson, 1980; Frankel et al 1975).

1. Parenting style

With respect to parenting style, the research seems to suggest that the use of either permissive or authoritarian styles increase the likelihood of involvement in drugs. Contrary to Kandel et al's (1978) findings regarding the initial stages of drug use, other researchers have found this to be the case, even for less serious drug usage. Hunt (In: Gorsuch & Butler, 1976) for example found that perceived parental permissiveness is directly related to marijuana use in adolescents. In addition, he found that there is increased drug use in adolescents users who perceive their "parents' leadership style as 'laissez-faire' instead of 'democratic'" (p.124). Jurich et al (1985) also found that a significantly greater number of adolescent drug users came from homes where the parents utilized laissaiz-faire or authoritarian styles, than non-using controls.

2. Parental absence

Although drug users tend to experience more parental absences than non-users, this factor does not appear to be as important as the nature of the parent child relationship. Parental absence was found to be correlated with drug use in an adolescent family member by a number of researchers. (Jurich et al, 1985; Stern, Northman & Van Slych, 1984; Vaillant, 1966) However, Gorsuch and Butler (1976) comment that, "family intactness is only an indirect measure of many of the important family variables. A father who lives with, but never interacts with, the child may be less influential than one who is gone but writes many letters" (p.124).

3. Parental example: Doing what Mom and Dad do rather than what they say

It appears that parents actions speak louder than their words. The research into families of drug users suggest a significant number of parents who make use of substances themselves. According to Gorsuch and Butler (1978), "when parents do use drugs, particularly on a self-prescribed basis, the children are more likely to have sampled drugs themselves" (p.125). Jurich et al (1985), for example, found that "drug abusers," more often than "drug users," came from families "where the person whom they described as being the most powerful tended to use 'psychological crutches' to cope with stress" (p.143). These "psychological crutches" includes drugs and denial. Other researchers found adolescent drug use to be associated with parental use (Babst et al, 1978; Capuzzi & LeCoq, 1983; Kandal et al, 1980).

Loss and death

Loss and death is a factor that has not often been investigated by researchers outside of the non-systems perspective. Nevertheless, some researchers have noted a significantly greater number of loss experiences in families of drug users. Valliant (1966) for example found this to be one of his three major family factors associated with addiction in his longitudinal study of 100 narcotic addicts. In his study, fifty-two percent of the sample came from families interrupted and changed through the death of a parent or parental separation. Sixteen percent of his sample experienced the death of a parent before the age of sixteen. For the United States as a whole, at the time, only seven to nine percent of children lost their parents before the age of sixteen (Vaillant, 1966). Jurich et al (1985) also found that a significantly greater number of drug abusing youths came from families with divorced parents than drug using youths. In addition, Stern et al (1984) found that adolescents with problems due to alcohol, marijuana, and sexual activity came from homes with absent fathers more often than those that did not have these difficulties.

Loss of a parent appears, therefore to be associated with adolescent drug use. In addition, how the loss is dealt with is important as well. Compas et al (1986) found that a supportive relationship was a significant factor in preventing psychological dysfunction after family crisis situations. This would suggest that loss does not necessarily lead to drug use, but if it is not dealt with in a healthy manner, it can increase the predisposition to the use of substances, given the presence of other factors. Similar result were found by Eisenstadt (1978).

Summary

The research on the family experiences of drug users has suggested that the family life of these adolescents and children is filled with interfamilial conflict, authoritarian or laissez-faire parenting styles, parental divorce, loss, leading to the experience of isolation, alienation and independence from the family (Jessor et al, 1973). The focus of the research has been to identify the family correlates of drug use.

The major problem with this research and research from the family systems perspective, is not so much what it says as what it does not say. It lacks the complement it has in qualitative research which focuses on the understanding and perceptions of the family members and specifically, the drug using member. Rabkin (1969) and Novak and Van Der Veen (1970) have found that the point of view of the symptom bearer is an important variable in symptom development. Rabkin comments that,

> There is, indeed, reason to believe that the influence of parental attitudes and behavior depends more on the child's perception of them than what they "really" are.
>
> On the basis of these various theoretical propositions, it seems highly important to assess the child's view of his parents and family life. An examination of these perceptions, utilizing different methods, should provide us with many leads for future family research and help clarify the effects of

> different family attitudes and "environments" on various types of children. (p.16)

One of the ways in which the point of view of the "symptom bearer" can be assessed is through qualitative methodologies. Indeed, many qualitative researchers feel the point of view of the "native" is critical. Without this perspective, Becker (1963) feels "as though we tried, as anthropologists once had to do, to construct a description of the initiation rites of some remote African tribe from the scattered and incomplete accounts of a few missionaries." It is to the qualitative research into the drug use experience that I now turn.

Qualitative Research into the Lives of Drug Users

Previous qualitative research on drug use

There does not appear to be any research exploring the life world of addicts' family experiences in an effort to understand them, their experiences and the meaning they hold to them, as addicts. Some biographical accounts, however, have been written (Bennett, 1972; Cortina, 1971; Hughes, 1961; Russell, 1971; Sinclair, 1956; Thomson, 1975). Research, on the other hand has been lacking (Agar, 1973). According to Agar, the addict is the most important source of information about drug use. He suggests that representatives of mainstream society spoke for, not to, the addict. The question was never, "What is it like to be an addict?" but rather, "How do we explain what it is like to be an addict?"

Since Agar (1973) wrote these comments, some qualitative research presenting the life world of the addict has occurred. It has come from sociological and anthropological traditions, providing ethnographical accounts of different aspects of drug users' experiences. Agar (1973) for example, attempted to recreate heroin addicts' experiences of "hustling" (ways in which the addict gets "bread" - money), "copping" (ways in which the addict gets "stuff" - heroin) and "getting off" (injecting heroin). This was done ethologically, by analyzing the words of addicts.

Crescimanno (1973) presented a study of "heads" and "recreational drug users," focusing on their "drug ideology," the nature of their identification with the drug culture and their hallucinogenic experiences. Few conclusions were drawn except that that the drug experience is pleasurable.

In still another example, Speck (1972) provided an account of the youthful drug culture in Philadelphia in the late sixties. He described that the methods he and his colleagues used over the three year study involved participant observation, intensive interviewing, social-network intervention and social phenomenology. After observing that many drug using youths left their "mostly middle class families of origin" to live with their peers in dwellings called "pads," the researchers set out to explore the social world of youthful drug users in their own environment. The "data" presented consisted of the descriptions of this social network, the persons in the network, a "typical day," and so on. Their experience [illegible] described as a kind of social, ideological and political statement, alienating themselves from the mainstream of meaningless conservatism.

Fiddle (1967) presented a number of case descriptions of addicts' lives based on his interviews with drug user in an addictions treatment facility. He outlined his theory in the beginning and then presented edited portions of the interviews for each case. No attempt is made to draw out themes, however he does provide general descriptions of the kinds of addictive experiences. One individual may manifest any number of the six expressions of the addicted lives he describes. For example, the "pseudo life" described the experience of the manipulation of reality to survive, including his very self and others in an effort to get money and the drugs on which s/he depends (p.23). It is not indicated if these descriptions came before or after the interviews.

Finally, Becker (1963) described the process of becoming a marijuana user by interviewing the marijuana user. Becker focused on learning the technique of "smoking properly," learning to perceive the effects, learning to enjoy the effects.

Recently, two other phenomenological inquiries into the drug use experience were conducted (Lowney, 1984; Wolf, 1981). Lowney (1984) described his role as a non-participant observer of a gang of teenagers involved in drug use. Wolf (1981), on the other hand, focused his article on the themes that emerged from his phenomenological enquiry into the lives of seven teenagers who were "heavy and frequent users of psychotropic drugs" (such as marijuana, alcohol, hallucinogens and tranquillizers). The themes which emerged from the thematic analysis of the interview data ranged from a general life theme of "struggle" to a theme describing the function of drug use for the adolescents (a "tool which helps her/him feel relaxed and free from the unpleasantness of anxiety.") Other themes included alienation or "being an outsider," (feeling "out of synchrony with societal age norms"), powerlessness, confusion and aimlessness, conflict and violence. Wolf (1981) concludes with a recommendation with respect to the implications for the social system, consistent with his perceived sociological orientation as sociologist. "The adolescent substance abuser and her/his struggling, socially alienated, conflictual and powerless existential mode are not merely a product of individual life choices, but also a reflection of his problematic social order" (p.60).

Few qualitative research projects, if any, , it appears, has addressed the family life experiences of the drug user.

Summary of the qualitative research to date and the rationale for the use of ethnographic and phenomenological methods

The above section summarized most of the existing research to date from an ethnographical and phenomenological perspective. Although the range of foci is large - the day to day experiences of teenage drug users in Philadelphia in the early seventies to the process of becoming a marijuana user - there were similarities in the processes used. These included: 1. going to the phenomena without preconceptions, 2. experiencing the "native's" point of view, and 3. developing a grounded theory or a grounded understanding.

1. Going to the phenomena without preconceived notions of what one is going to find

First of all, the researchers went to the drug users themselves for the "data," without preconceived notions about what they were looking for. According to Becker (1963) one of the difficulties with research attempting to prove or validate a theory is that it is difficult to explain the sizable numbers of the experiences that do not fit the theory. This is reflected in the comment made above that difficulty with the previous research into the families of drug users is not what they say but what they do not say. For example, family systems theory based research into drug use and families has found support for the proposition that families of drug users are "families in mourning." In support of this Coleman et al's (1986) found that a significant portion of the sample had experienced death and separation in both the addicts' childhoods and the parents' childhoods. This is important evidence and needs to be considered in the understanding of drug use. However, there was a significant portion of the sample for which no more losses than one would expect occurred. Their experiences need to be described.

Going to the phenomena with openness allows the researcher to be receptive to the confusion and ambiguity of the experience. Traditionally social science has attempted to order the disorganized, or as Faraday and Plummer (1979) describes it, "give a form and order to the world it often does not have" (p.777).

Terhart (1985) describes a further difficulty of research which brings instruments, constructed on the basis of theory, to "measure" a phenomenon. He indicates that the instruments are "self validating." That is, they allow researchers to see what the instruments allow them to see and they separate the researcher from the "real" experience. In Anthropological terms, they "colonize" the phenomena. "This separation from the from 'real' social life would lead to an artifact, to the construction of an artificial model of the research object. If utilized, the research results would 'colonize' the original life context of the actors and destroy their life-world (p.453)"

Phenomenological methods, in contrast, are oriented in discovery, forgoing any pretense that you know what the other has experienced (Giorgi, 1970) and according to Van Mannen, (1984) phenomenologists seek to investigate experiences of persons "as [they] live it rather than as we conceptualize it" (p.2).

2. Experiencing the native's point of view

As described by Agar (1973), the above qualitative researchers attempted to ask the drug users, "What is it like to be an addict?" rather than "How do we explain what it is like to be an addict?" The goal of ethnographic research, as Malinowski (1922; In: Spradley, 1979) pointed out, is to "grasp the native's point of view, his relation to life, to realize his vision of his world" (p.3). And what is essential, according to Spradley (1979), is to capture their meanings of their world and their experiences.

Similarly, phenomenological research seeks to turn to experience as others conceive of it and report it to be (Giorgi, 1970).

3. Towards a grounded theory

Most of the ethnographic and phenomenological research projects made some attempt to conceptualize the experiences of the drug users. In doing so they endeavored to remain faithful to the descriptions of all the informants. In this way any theoretical conceptions and understandings which emerged from the research experiences were "grounded in the theory." Becker (1963) made use of a process which he called "analytic induction." In this procedure, "every case collected in the research [had to] substantiate [the researcher's hypothesis]. If one case is encountered which does not substantiate it, the researcher is required to change the hypothesis to fit the case which has proven his original idea wrong" (p.45). These procedures are similar to Glaser and Strauss' (Glaser, 1969; Glasser and Strauss, 1967) "Constant Comparative Method." This method is used to systematically develop a theory of the life-world phenomenon under study which is solidly grounded in the experience of it. It is a procedure involving the joint coding and analysis of new manifestations of the phenomenon, expanding the theory to be inclusive of the new manifestation. The hypotheses and theories are revised as they interact with the new experiences encountered by the researcher.

The Rationale for the Present Study

As mentioned in the introduction, this study encounters the memories of childhood, adolescent, and family experiences, the functions of the drug use and the meanings of the lives of four young adults who use or have used drugs. It was further mentioned that the lifestory interview method was chosen to allow the researcher to get close to the phenomena. The above section reflects the importance of the "attitude of the phenomenologist," which which I approached this present study. To approach the study with this attitude I tried to follow similar procedures to the above qualitative studies:

1. I made an effort to approach the lives of the drug users without preconceived notions of what I was going to find. My understanding of dysfunction, borrowed primarily from family systems theory, was "bracketted," to render it inoperative. To the extent that this was possible, I left myself open, not only to their experiences, but to their understanding of their experiences.

2. In other words, I made an effort to experience the four [illegible]ug users' points of view, and

3. I tried to conceptualize the experiences of the four persons' lives as they understood them. This project represents a beginning in the utilization of the phenomenological attitude to explore the family experiences of drug users. Consequently, a comprehensive theory would be beyond the bounds of this project. However, the themes identified in the interviews are presented as preliminary understandings, awaiting further confirmation (or disconfirmation) and expansion.

Previous uses of the lifestory interview method

Tagg (1985) discusses many uses of the lifestory interview method depending upon the kind of study executed by the researcher, the kind of data analysis used and so on. He indicates that it is similar to the life history approach which utilizes other corroborating evidence, such as letters, diaries, official records, and so on. Researchers have applied these procedures to look at an individual's "life course" and the stages of peoples lives (Agar, 1980; Elder, 1975; Runyan, 1978, 1980). This interview procedure has been used to study expierences in the lives of bakers (Bertaux, 1981), polish peasant immigrants (Chalasinski, In: Tagg, 1985), family history (Elder, In: Tagg, 1985), and a drug addict's life on the street (Agar, 1980).

Runyan (1978) calls the approach "life course" and indicates that it can be used to study "environmental histories" or "situational careers," and to investigate a persons progress through life events.

The purpose of this study (understanding drug user's family, childhood and adolescent experiences) is particularly suited to this method because I am seeking the drug users' understandings and perceptions of their growing up experiences and drug use.

Limitations of this study

(a) Individual focus

From the perspective of family systems theory, the focus on individual phenomenology of family experiences would be considered to be a limitation (Fisher, 1982; Hodgeson and Lewis, 1979) because of the interactional dynamics in the contributions to and the maintenance of the drug use in a family member. This limitation is recognized and the "data" is reflected on and interpreted accordingly. Further research will be recommended focusing on the experience of each member of families with a drug using member. As stated above, this study represents a beginning.

(b) Retrospection

Tagg (1985) suggests that retrospection is a major limitation of the lifestory interview, in terms of the accuracy of remembered events. However, in this study, the accuracy of the informants' perceptions are not in question; their perceptions are the units of analysis.

(c) Causal Analysis

This study does not focus on a causal analysis of drug abuse per se. Drug users' understandings of their drug use, in relation to their life experiences, are sought. This may include some statements of causality, but these are not the goal of the project.

Summary

This chapter reviewed the quantitative research into the family experiences of drug users and the qualitative research into the lives of addicts. It was felt that the major difficulties with the quantitative researchwas not so much what they studied but what they did not study - the point of view of the drug users themselves. The review of the qualitative literature into the life world of addicts was presented to situate the methodology of the present study, with an emphasis on the phenomenological attitude of the researcher. It was observed that, although this research seeks the perspective of the addict, there appears to be little qualitative research into the family experiences of the addict.

This study is an initial contribution to knowledge about drug use based on drug users' own conceptions of their drug use and memories of their life experiences. Chapter four presents the specific procedures used to do this.

CHAPTER THREE: RESEARCH METHODS AND PROCEDURES

As discussed in the introduction, the objective of this study is to seek drug users' understanding of their lives and their drug use, focusing on: (1) the kinds of family, childhood and adolescent life experiences which persons who use/have used drugs consider significant, (2) how they understand their drug use in relation to their own life, and (3) the meaning and understanding of their lives.

Chapter Two summarized some of the research into families of drug users, from a family systems perspective and from the general perspective of social psychology. In addition, it highlighted some of the qualitative research undertaken to date, into the lives of drug users. These studies were presented to introduce the rationale for lifestory interview procedures (Tagg, 1985) used in this present study. It was indicated in the introduction that this study was entered into with the attitude of the phenomenologist. Consistent with this, the essential features of previous qualitative research which have importance here, are 1. suspension of preconceived notions regarding the phenomena, 2. experiencing the natives point of view, and 3. the development of an understanding grounded in the experience as it was presented. The lifestory method was chosen, it was suggested, because of its retrospective nature and because it would enable me to experience the volunteers' point of view.

This chapter will describe the methods and procedures used to arrive at the lifestory themes presented in Chapter Four. First of all, the sample will be described in terms of: how it was selected, how each volunteer came to be a part of the study, and their characteristics. Secondly, the interview procedures will be reported. Following this, the processes used to arrive at the lifestory themes will be detailed. Finally, a description of my values, beliefs, and lack of personal experiences with drugs will be presented. As indicated in the introduction and above, the attitude of the phenomenologist, requires the awareness of self. Without this awareness, I could not "control" for my personal bias in the interpretation of the data. Without this awareness, I would not be able to maximize my openness to the four lives that were shared with me.*

Methods

Sample

Four volunteers were a part of this research study from the beginning of the interviews to their end. Originally, the selection criteria for the sample stated that the use of the drug(s) should have occurred at least twice monthly for the duration of at least one year during their adolescent years. However, one subjects' (Mary) drug use did not occur during this time, but during young adulthood. Because of difficulty gaining access to a sample, the criteria were broadened to include drug use which began in young adulthood, as was the case for this one volunteer only. For each of the other subjects, the drug use began, either in childhood or during adolescence. At the time of the interviews, only one of the volunteers was an active user.

1. Sample selection

The sample selection procedure used has been termed a "snowball sample" (McCall & Simmons, 1969). I chose two informants who generated information regarding other informants. I subsequently contacted them. The first five subjects approached agreed to be a part of the study. With one of these volunteers, it was difficult to get an interview alone with him and he had difficulty keeping scheduled meetings with the researcher. After two inadequate interviews and a few that were missed, he was dropped from the study. Therefore, the data presented in this study is based on four volunteers.

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* The research summarized in chapter two is also an act of "bracketing" because, if not identified ahead of time, these readings would also affect my openness to the volunteers' perceptions. The quality of the lifestories, presented in chapter four, hopefully reflect my success in this endeavour.

Subject Number One (Mary): Mary was the first subject approached. I contacted Narcotics Anonymous and Mary took my call. I then described the study briefly to her and we agreed to meet to discuss it further. She read the proposal. Originally, I intended to gain access to a sample through her and did not expect to have her participate as a volunteer, however she was later asked as the difficulties obtaining a sample mounted.

Subject Number two (Brian): Brian is a friend of Mary's and together, they share a townhouse (they are not romantically involved). I met him after the first interview with Mary at which time I asked him to be a part of the study. He agreed.

Subject Number Three (Mark): Mark is my friend. We had lost touch with each other for a couple of years and ran into each other while the study was underway. A lunch date was set, at which time I asked him to be a part of the study. He agreed.

Subject Number Four (Sarah): Sarah was the second volunteer approached. I contacted her at the court house of a town to the north of Edmonton after her arraignment on a charge of driving without due care and attention. Her name was given to the me by a local police officer, together with a list of a few places where she might be found (a couple of the local bars and the court house). My first step was to leave my phone number with the bar managers. Sarah responded the next day, however contact was not made until a week later at the courthouse. The police officer was a friend of mine and this source was not revealed to Sarah. I told her that I had been asking around town.

I identified myself to the volunteers as a researcher and a student completing my Master's degree in counselling psychology at the University of Alberta. (This introduction was abbreviated in Mark's case.) I briefly explained that I was interested in interviewing them, that I was interested in their life experiences because they were persons who used or had used drugs. I explained that it would entail approximately four hours of interview time. In addition, I indicated that they would also be required to fill out some questionnaires. (These questionnaires were later dropped from the study as its focus changed.) Finally, I assured them of confidentiality and at our first interview, I gave them an outline of the study. (see Appendix I) A form was signed by each of them agreeing to participate and one was signed by the researcher, pledging confidentiality. Each of them received a copy of these forms. (see Appendix II)

It was clear to each of them that I wanted to interview them because they used/had used drugs.

2. Sample Characteristics

Table 3.1, on the following page summarizes the sample characteristics. I will highlight a few of these characteristics below.

As indicated in the table, the drug use of the sample ranged from alcohol in Mark's situation, to opiate use for Mary and Brian. Sarah was involved primarily with Marijuana, Hashish and Barbiturates. Mark experimented with a few other drugs while growing up and as a young adult, he considered himself to be an alcoholic. For a good number of years as a child, he also took Benzedrine for hyperactivity.

Both Sarah and Brian used many different drugs at different time, however, the table only indicates the drug(s) they used most. Mary only used morphine.

At the time of the interviews, Mary, Brian, and Mark were not

Table 3.1

Sample Characteristics

	Volunteer			
Factor	Mary	Brian	Mark	Sarah
Sex:	Female	Male	Male	Female
Age:	32	31	34	23
Place of Birth:	Vegreville Alberta	Vancouver	London Ontario	Spruce Grove AB
Parents' Occupation	M: homemaker F: Farmer	M: homemaker/Art F: Manag. Consultant	M: homemaker F: Physician	M: Restaurant manager
Parents' S.E.S.	middle class	upper class	upper class	lower middle class
Education Level:	3 year Nursing	Grade 8	B.A. Philosophy	Grade 12
Employment	Registered Nurse	Restaurant Manager	Furniture Builder	F/T Homemaker No Training
Marital Status:	Single	Single	Engaged/ Single	Married/ Divorced
Living Arrangments	Sharing a townhouse together as friends		Alone	With 5 yr. old son
Sexual Preference	Hetero-Sexual	Homo-Sexual	Hetero-Sexual	Hetero-Sexual
Present Drug Use Status:	Not Using	Not Using	Not Using	Actively Using
Primary Drug(s) of Use	Morphine	Heroin	Alcohol	Marijuana Hashish Barbiturates
Other Considerations	Member AA and NA	Member AA and NA	Member of AA	seeking Tx* in a group for battered wives

*Tx = Treatment

using and considered themselves recovered from their addiction. None of these three had used drugs for least two years. Sarah was actively using drugs at the time of the interviews. She felt she had more control over her drug use and thought she was addicted at other times in her life. She had cut down her drug use to daily marijuana and hashish use, in addition to barbiturate use about once a week.

This aspect of recovery proved to be a significant theme. A significant difference in the unity and clarity of the lifestories was observed between those of the three who had recovered from their addiction and that of Sarah's. As indicated in Table 5.3, Mary and Brian were a member of both Alcoholics and Narcotics Anonymous, while Mark was a member of Alcoholics Anonymous. Sarah, on the other hand was only beginning to seek treatment through a social worker, in group therapy for battered wives.

Sarah's relationship with her husband was very conflictual during the time of the study. Although she was separated from her husband and a restraining order had been issued by the Provincial Court of Alberta, she was living with him at the time of my initial contact with her. Before my last interview with her, he assaulted her for the second time and left the city. The day before the last interview, the divorce came through.

With respect to some of the demographics, the age range of the sample was 23 (Sarah) to 34 (Mark) and two of the volunteers were female (Mary and Sarah) and two were male (Brian and Mark). At the time of the study, Mary had recently returned to work as a registered nurse, after a two year suspension, Brian was a restaurant manager for a major hotel, Mark was self employed as a furniture maker, and Sarah was a homemaker on social assistance. With respect to education, the range was from Brian's grade eight education to Mark's Bachelor of Arts Degree in Philosophy. Mary completed a two year nursing diploma and Sarah had her grade twelve.

Procedures

Interviews

The Lifestory interviews were divided into three parts: an interview to obtain details about their family background, interviews to obtain their autobiography, and an interview to check the accuracy of the interview transcriptions. Each of these are discussed below. A description of the interview settings is presented first.

1. Interview Settings

The settings chosen for this study, were the homes of the volunteers. It was reasoned that if a researcher wants to know and understand the life experiences of anyone, including persons who use drugs, an atmosphere/setting where they, themselves are most comfortable would be most appropriate. Because the focus of the interviews was their life experiences and their meanings, it was felt that the volunteers should be met on their terms and that the researcher go to them. With the two female subjects, a meeting was first arranged in a restaurant at their request. After this, the subsequent meetings were held in their homes, where I met the men (husband; friend) they lived with, who agreed to be a part of the research (Sarah's husband was the one volunteer who was dropped from the study.).

2. The life story interviews described

Life story interviews were conducted with each of the volunteers. Tagg (1985) described the possible features of lifestory interview. I chose one of the many possibilities to suit the needs of this study. The following description paraphrases Tagg's description of the possibilities.

Interviews were held by the researcher with four persons who use drugs. These interviews were shaped by the research strategy. The persons were encouraged to retrospect on their life experiences as persons who use drugs, through their present-day construct system, building from events, actors and places, each of which have a meaningful place in their story. The stories were elaborated through similarity of events and meaning. This was repeated two to four times. To aid in the interpretation, a family genogram, tape-recordings and transcripts were used as the source of themes and ideas.

The interviews involved three to four two-hour (recorded) conversations with each volunteer. In each set of conversations, the following were obtained:

(a) Family genogram

A family genogram "is a format for drawing a family tree that records information about family members and their relationships over at least three generations" (McGoldrick and Gerson, 1985, p.1). The original intention of this format was not only to get information about the "family background" to the lifestories to come, it was also intended to "break the ice." To do this I felt ~~it~~ might be important to begin semi-structured and move to a less structured format. After some brief socializing, I began the interview simply by stating, "What I would like to do today is to draw your family tree." Each of the volunteers quickly became absorbed in the task. If the volunteers did not offer information about their family, spontaneously, they were asked questions with respect to the following information:

(i) volunteer's position relative to siblings and parents position relative to their siblings. The grandparents were also included in the genogram, but not their siblings.

(ii) a characteristic feature of family members - i.e. psychiatric problems, "easiest to get along with," "selfish" (With this kind of information, if none was offered spontaneously, none was requested.);

(iii) occupations of immediate family members and grandparents;

(iv) Whether the person is living or dead; if dead, the cause of death;

(v) presence of alcohol use, medication use, or drug use;

(vi) current ages of family members;

(vii) length of marriage, ("How long have your parents been married.");

(viii) nature of relationships between some of the significant (to the subject) members of the family. Some of the questions asked to get this kind of information included ones like,
"Out of all these people here, who are you the closest to?"
"How would you describe your parents relationship?"
"How did you get along with your dad? ...your mom? ...your brother?"
"Who would you say you got along better with, your mom or your dad?" and so on.

The family genograms are presented in the introductions to each of the lifestories.

After the family genogram was made, the volunteer was permitted to elaborate on any aspect of their family/themselves as they wished, including their drug usage. None of the volunteers needed to be encouraged to describe different aspects of their family life or other aspects of their childhood and adolescence, including their drug use. In addition, much autobiographical information was offered spontaneously in this first interview. (This information was handled in the manner described in the following section, describing the autobiography.)

The following excerpt from Mary's first interview is presented as an example of the genogram portion of this interview. (The introductory portion of this interview was garbled on the tape recording.)

P: This is a good Ukrainian family?
M: Oh yes.
P: Good Ukrainian.
M: Yah, Oh God!

P: So where, where do you fit it with your family?
M: I'm the oldest. There's only two of us. I have one brother, who's two and a half years younger than me.
P: You're 31?
M: 32. Oh, John's 29, no. Yah. He'll be 30 in January.
P: And your dad?
M: My dad?
P: What's his name?
M: Bill.
P: And he's?
M: 53.
P: And your mom?
M: Susan, and she's um, 55.

....
P: ....Out of all these people here, who would you describe as you being the closest to?
M: Um, You mean as far as talking to them?
P: Well, someone who you could confide in and felt you could trust, whatever you're going through.
M: My grandmother on my dad's side and I were close. Other than that, I didn't um, talk with anyone.
P: Yah. Who would you say you got along better with, your mom or your dad?
M: I got along with, equally that way with both them.
P: Yah. There was a lot of conflict?
M: My mother, my mother has a mental illness problems and part of her at times really doesn't like me. She's, she was trying, ah, she was thinking of leaving my dad and got pregnant. So somehow, in her mind she thinks that it was my fault, when she's ill.
P: Yah.
M: Not so much when she's not ill, but when she's ill and....

....
M: But then in tha, in that day and age, like when she had a baby, she just couldn't leave.
P: Yah.
M: And well, she had me, right. And then after that, she had John two and a half years later. So, with my dad - I never, I never put it together until, until I was in recovery, but - my dad used to really, when he came close to me, it used to bug me, ah. It used to bother me and um, I phoned; I asked my mother - I kept having these vague memories, ah, just like shadows. I asked my mother about them one day, when she was being particularly um, together, not so sick, and apparently dad used to beat me when I was a kid.
P: Yah.
M: And um, I could never figure out, like I mean, he tries very hard to be caring, but I could just, I could just never deal with that.
P: Yah.
M: And um, I guess that's what happened.
P: Yah. Would you say then, you were more distant from him than in a conflictual relationship?
M: Yah, well him and I have had our, our words because every time mom gets sick um, Dad has refused to do anything about it. So it's always been, I would have to kind of ah, fight with both of them in order to get her to help.

....
P: How would you describe their relationship?
M: My mom and dad's?
P: Yah?
M: Neurotic!
P: Yah.
M: Very neurotic! My dad came from a family where his, his dad was really a dominant, overbearing um, person. You did what you were told; you didn't question it.
P: Right.
M: As a consequence, my dad um, grew up not being able to

think for himself, that he couldn't make decisions and um, he had to be told what to do, he got used to that or didn't, adapt away from that. My mother is a very domineering ah, aggressive sort of person and she likes to tell people what to do. You know, my dad needs to be told, so its like they've got ah,

P: Complimentary relationship?

M: Yah, a complimentary illness.

P: Yah.

M: And they really do hate each other and, and ah, you know, if you put the two together you might have a whole person.

P: Oh yah, so they really needed each other in, in possibly a true sense of the word.

M: Yup, they did and you know, my brother and I have talked about it ah. Like, what happens if one goes, you know like the other one is just gonna be absolutely lost.

P: Oh yah.

M: But you know, you're right; they, they needed each other.

(b) Autobiography

The autobiographical interviews which elicited the volunteers lifestory were introduced, after a little socializing, with words like these:

> As a person who uses (used) drugs, what I would like you to do, starting with your earliest memory, is to tell me your lifestory, possibly similarly to what you might do in A.A. or N.A. However, I'm looking for more than what you might tell at an A.A. meeting, because you are more than you present to A.A.*

Questions were then asked throughout for clarification, further information, or to encourage the individuals to continue talking. One question which was asked regularly was, "How did you feel about that?" This was asked after a remembered incident was shared, if the information was not offered spontaneously. Again, each of the volunteers shared openly. Sarah had some difficulty in one interview. We met around noon. She had been up the night before socializing with her husband and a friend; then she had to be in court, out of town by nine-thirty. In this session I prompted memories, by asking questions such as, "Remember what you felt towards Tim or towards your mom when Tim left?" She would talk about that for a minute of two and then I would ask another question. For the majority of the time spent with her and all the time spent with the other volunteers, I tried to say very little as they shared their memories.

---

*Indicating to them to tell me more than what they tell at an A.A. meeting.

The following excerpt from Mary's interviews is presented as an example of this portion of the interviews.

M: Um. So you, so you want me to tell my story.
P: Yah, in a sense.
M: In a sense? Oh, okay. You, like you want me to start right back at, tell the
P: The very beginning.
I: The daily living and that
P: And the first
M: Thing I remember?
P: The first thing you remember, yah.
M: Um, one of the first things I remember is that, is that my grandmother was staying with us because my mother was in the hospital having my brother and I was about, I guess, two - two and a half years old. Um, and my grandmother use to talk to me about, when I asked things, she'd explain them to me and I can remember, she had boughten me a doll and I can remember playing with the doll and [tape unclear], between the kitchen and dining room it was, like an arched door, and I was sitting there and she was cooking in the kitchen and I was asking about the baby, getting her to explain things about the baby, you know, and what it was going to be like, you know, 'cause I was really excited about. Um, and then, I remember when they brought my brother home, it was like, there was a lot of people. A lot of people came and like, a lot of adults came and my mom was there with the baby in her arms and she had on this navy dress with a little white collar and little white flowers on it, and ah, I was really excited about getting this baby and my grandmother told me all about it be, that he was special and nobody would let me see the baby, because it was too high up and nobody paid attention eh. So I can't really remember what I felt like, I, I don't remember much about what I felt like um. I just remember that, that I didn't get to see the baby right then. Um, there was about two or three or four incidents that I remember um, when the baby was really little and I was I guess, I had become really protective over it um, going to get shots. I can remember getting mine and that was fine but, when the nurse went after the baby, it was, I was really upset, then ah, yah, then um. I remember mother holding me back because the nurse had the baby and the baby was going to get wounded, but I was really upset with that, ah.
I can remember taking out a [unclear] this and that, like we were at the neighbours place and my mother was holding the baby and um, she was sitting in the chair and the man was tilting, he was teasing my mother.
P: Mhm.
M: And he was tilting the chair back on the two, the two back legs, right. And all I could see is the baby falling and Mom falling, everything falling and getting hurt hey, and

I, and I yelled at him to stop, and he wouldn't stop, he wouldn't listen to me, right, so then we left shortly thereafter. And we didn't go back back for a while, but it was

P: Do you remember how your mother responded to you or?

M: Oh my mom thought I was terrible. She, you know, she said...nothing was gonna happen; they weren't gonna fall.

P: Mhm.

M: You know, well I cried. Shit!

....

M: ....Um, when we moved and went to Lac la Biche, when I was about 12 or 13 um, the pattern started again ah, started with being the new kid in school ah, and then it just, you know. And my mom was a little weird. In school, um, I had one friend but she didn't believe in anything I told her anyways.

P: How was your mom weird?

M: Well, um, how was my mom weird?

P: Yah.

M: My mom was weird in that, when we moved to Lac la Biche um, Mom went to work and Dad went to work, ah. At first he went to work for cleaning camps, forestry things and then like he would be gone for like three and four months at a time and then he would come home for a while, and be gone again. And ah, mom started out working as a short order cook at a, one of the motels or hotels or whatever and that period wasn't too bad; she wasn't too bad but certainly after that she started getting very strange. It was ah, I had gotten into a few things in the community, like I had gotten into a parks and rec in the summertime and I. I was a playground supervisor and once I started talking to the kids and telling them a story about that she couldn't get a better job and ah, it, it just started feeling weird. Um, it just went ah, she, then we start, we were living in town and we moved to an acreage where her dad, who was alive at the time, had an acreage which they bought from him. And we moved into the trailer on the acreage. We were um. She was having some problems with the town because they didn't want to put water or power or something out there and they didn't want to do something she wanted to do, and of course I was blamed for that, because I was wrecking things for her. Um, she just got so that she would disappear for a day at a time, you know. You'd get up in the morning, Mom would be gone and you didn't know where she was.

P: Mhm.

M: And then it, it would be dark and you, you didn't know if she was gonna come back. I used to phone around, see if I could find her because I thought the night was when she would show up. She used to go and sit in the bush somewhere and clear her thoughts and come back.

P: What kinds of things did you tell the kids at the playground?

M: Well, she thought I was telling stories about her and that they were telling their parents, who ah, who worked um, not giver her [unclear] about why or whatever. Like I worked with parks and rec which was involved with some of the influential, ,ore influential people and

P: Oh, okay.

M: So like I had access to the Smiths and all kinds of these kinds of people in school and of course the father was working with the town and school.

P: Oh okay. So, you were wrecking things for her, or she thought you were wrecking things.

M: Oh yah!

(c) A final meeting and validity

Originally, I intended to have a final meeting with each volunteer, primarily to check out the accuracy of the interview data. When I attempted to set up these final meetings however, I was only able to arrange one with Mark. Sarah had moved and had left no forwarding address with her landlord; efforts to contact her mother were in vain; and Sarah had not left a new phone number with the directory assistance. Mary, it appeared, was involved in another of her mother's acute psychotic episodes and Brian was no longer working at the major hotel. This latest development in Brian's came as a surprise to me because I got the impression that he was enjoying his work and that he was doing well at it. Neither Mary nor Brian answered my messages on their answering machine.

With respect to the validity of the interviews, Mark commented that I was easy to talk with and, although he had been trying to make himself out to be a little better than he was, the interviews were basically accurate. During the first interview with Brian, he offered much autobiographical memories and reflections. One of his skills, he suggested, was the ability to give people what they wanted, in order to fulfil his own desires. When I asked him if that might be what he was doing in the interview, he commented, "No, I don't know what you want to hear.... I don't think I'm playing that game today."

Finally, Mary provided a comment during the first interview, which revealed the meaningfulness of the process for her. She commented that, when she shares her story in the "program," she focuses on recovery. She commented that "this telling my story in another way...helps me understand it."

Therefore, it can be concluded that at least Mary's, Mark's and Brian's interview have some evidence of validity. The accuracy of the interview data obtained from Sarah is suggested because the same approach was used towards their interviews as well.

The Analysis of the Data

According to Wertz (1984), data analysis involves data handling and sense making. Data handling includes, the transcriptions of the interviews, organizing and grouping responses according to across subject themes, reading and listening to the data openly. Sense making, on the other hand, involves a dialogue between the researchers knowledge of human behavior and the "prescientific description" provided by the volunteers. The results of the data handling are presented in chapter four; the results of the sense making are presented in chapter five. The exact procedures I used in each are presented below.

1. Data handling

(a) All interviews were (audio) tape recorded.

(b) Verbatim transcriptions of the interviews. This procedure was performed by typists.

(c) listening to and reading the data a number of times and organizing the data into themes. After each interview, the tapes were listened to, with notes made of the major points through the interviews. After the interviews were transcribed, they were read a few times over, with notes made in the columns with respect to themes, major points and summary comments. Themes were drawn out and organized according to the three objectives of the study:

(i) the family, childhood, and adolescent experiences,
(ii) their understanding of their drug use, and
(iii) their understanding and meaning of their lives.

(As stated earlier, the second and third of these objectives emerged from the interview data itself.) This procedure took the following form. First of all, I spent some time reading the transcriptions, and listening to the tapes of Mary's interviews. I thought, reflected, and made notes on her experiences. In the words of Wertz (1984), I tried to maintain an "empathetic presence to and immersion into the situations as they [were] lived by the subjects." The notes involved placing summary phrases or thematic codes beside different phrases, both in the margins of the interview transcriptions and on separate pieces of paper. These were then organized into a tentative set of themes.

I then went through each of the other volunteers interviews, with the same empathetic presence and immersed myself into each of their experinces, but with a tentative set of themes, provided by each of the previous interviews. The themes were successively modified to be inclusive of each of the volunteers. The interviews and the themes were reviewed a second time to be sure that I was not forcing any experience into a theme that was too restrictive.

These themes were then organized into the tables presented in Chapter Five. An example of the use of the margins to code and summarize the interviews is presented below, using an excerpt from Mary's sessions.

Interview	Summary Statements
M: Do you know what the funny, the funniest thing is um, I, I never knew that any other families were that different. In fact, if someone was, what kind of family, asked me what kind of family I came from. I would have said, "Average I guess," I don't know. Um,	-reflection on her family, past and present
P: Even 'till now?	
M: Well now I can see that, that they're definitely not normal. I knew that they were not normal for a long, long time, um, and I can remember once, being at a friends house and being very uncomfortable and figuring out that there was something	-knows family is not normal now
wrong, ah with our family, but I didn't know that, what was wrong in our family. I didn't know that my mom was ill until I was sixteen. And ah, by then ah, I don't know, I guess I minimize a lot when I was	-didn't know family was not normal until age 16.
still, to me it's like, "Doesn't everybody have some of this." You know, I have a family now that adopted me, that's a very normal family. Ah, I find them difficult	-adopted family not used to things being "nice."

Interview	Summary Statements
to be with, for any period of time, just because I'm not used to, I'm just not used to things being nice and normal. Ah, I'm even having a hard time at work right now, because things are nice and normal. Ah, I'm used to the stress of living in this kind of family, where you never know from one minute to the next what's gonna happen ah, P: Your not use to the stress of normal, where you know what's going to happen.	-dealing "normal"
M: That's right, yah, and where you know what to expect from people and ah, that you know they care and ah, that they'll be their for you, ah. The one thing that happened is I grew up very, very early, um, and I, I guess I developed an independent streak, right from when I was - Mom keeps telling me this, that I was extremely independent very early.	-How she coped. -"independent streak"
And ah, I guess it was survival though, you know, you had to. Like in that family, there's either two choices, you either find a way to survive and stay sane or you become just like them and it's easier to become just like them - Much easier! And it gets very hard when your living in that kind of family to um, keep a focus on what reality is, um, because crazy things happen all the time, all the time! And ah, it's very, it's very easy to start, I guess, believing in those things, or accepting those things and um, if you start doing that, you start becoming like them.	-Reflection on family
And I guess my brother and I were lucky, we were just very, very lucky. Not so many of my cousins have fared so well and maybe, I don't know if there's a genetic link, maybe that's how we fared so too, in that maybe we didn't get the genes that give you the tendency to go towards insanity, I don't know, but ah, my brother and I have been lucky so far.	-brother and I very lucky
P: So then would you say that most of your struggles have been, um, trying to make a normal existence or your quote unquote, "normal existence" for yourself and then to deal with the stress of normal existence? M: Now? P: Yah. M: Yah, and oh, very much so. I have such a hard time dealing with normal, it's scary. P: Yah.	
M: And you see what happened when I was growing up is I, I learned a very good way to deal with this; I detached....[example of way she detached]	-coping: detaching
....You know, and like what happened is that I detached so well that I ah, started to totally lose touch with feeling and I ah, I was getting to a place where I had very little of them left. Ah, I'm having a hard now and dealing with them coming back,	-detaching: losing touch with feelings

Interview	Summary Statements
you know, its a, I can ah, when I. About a year into recovery.... At least, if that's normal, people think, you know, live like that , have different feelings in one day, you know.	-dealing with past coping mechanisms
P: Yah. M: I couldn't believe that people dealt with that every day. It's been hard on me to deal with that everyday.	
To me, growing up in that family, I had to guess what normal was.	-family: had to guess what normal was.
To me normal was having the right answers, you know, ah, especially as a little kid. I thought being an adult would, you know, being normal as an adult must have the answers eh, so I, you always try to have the answers. Ah, my family kind of set me up for that, 'cause I, I was suppose to have all the answers for them too.	-her role: having all the answers -trying to be normal=having all the answers -family needed someone with all the answers -family needed nurse -nurse needed to care, to make family normal

2. Sense Making

Making sense of the data in this study involved, first of all relating the constituents within each lifestory, integrating the lifestories with the previous literature, and presenting the thematic findings' implications for research and treatment. This "sense making" is presented in Chapter Five.

Relating the constituents of each volunteers lifestories involved presenting a graphic model of each life according to the understanding as it was presented to me. These models are imperfect summaries of how the volunteers understood their lives at the time of the interviews. Mary's, Brian's, and Mark's models were easy to construct because they explicitly identified the theme which unifies their life experiences and the understandings they have of their drug use and their life in general. Sarah's lifestory, on the other hand, did not have the the unifying theme, consequently, her model does not have the unity the others have. The model, I feel, ununified as it is, reflects the lack of reflection she has had on her life.

Central to the whole process of the sense making, is the researcher himself. To help you understand the researcher further, I provide, below my reflection on myself and the personal naivety with which I approach this study. In essence, I am the "measuring instrument" of the study. The following, therefore, is presented to help you understand the "measuring instrument."

The researcher - the instrument of this study

My faith is probably the most important aspect of my life. I am Roman Catholic. I grew up in a traditionally Catholic home. It is my parents who deserve most of the credit for sowing the seeds of this faith, many friends and family members for nurturing, watering, and at times, "fertilizing" it, and of course, I have provided the soil in which it grows. The shape my faith has taken, its fruit, so to speak, has at times appeared what some Catholics might find undesirable. In the shaping of my own conscience, in the formation of my own beliefs, I have grown from my traditional roots, which at times has had the fervour of a fundamentalist preacher, to a liberalism which has led to heated arguments over issues of morality, peace, and justice with parents and friends. Far from resulting in any answers right now on some of the fundamental issues of our day, I find myself at times torn between the orthodoxy of my past and the liberalism of my present thinking.

In relation to people and expressions of humanity, I lean towards openness, which I feel has roots in eighteen months of living in a religious community in preparation towards the Catholic priesthood (the goal of ordination was abandoned emotionally a year and a half after it was abandoned officially) and various work experiences with people from different backgrounds - physically handicapped, mentally handicapped, psychiatric patients, general hospital patients.

In the last couple of years in my studies and experiences in training to be a counsellor, I have encountered many people who have challenged my point of view, my values, and my faith. I have been challenged in my view of family life, sexual ethics, sexual expression, and lifestyles - simply through exposure to different persons and families - single parent families, remarried families, persons who have had an abortion, homosexuals, persons who use drugs, and so on. I find myself desiring to understand, rather than passing judgement. I find myself unable to say this is right and this is wrong in certain situations, simply because I do not understand.

I may never understand the reasons why, or what has led a person to use drugs or excessive amounts (however much that is) of alcohol, because I do not want to use them myself. But I do want to try. I have had no direct experience with drugs other than drinking to the point of "feeling good" a few times, getting nauseated after trying to smoke a cigarette a couple of times, and seeing friends use marijuana and hashish (They looked like tasty little brownies to me.) a few times during my teenage years. I have never seen cocaine or heroin, barbiturates or LSD. I come to this study, naive and ignorant of the practical realities of the "drug scene". I have read a few autobiographies of persons who described themselves as addicted. I went to Mark's first birthday in Alcoholics Anonymous. I went to a Narcotics Anonymous meeting recently and came away feeling overwhelmed by both the second-hand cigarette smoke and the life-stories presented. I am indeed green to this realm of experiencing and their expressions of being human.

Because of this naiveness, I chose an interview process which would permit me to get close to the data, which would permit me to experience the volunteer's understanding of their lives and their drug use. I wanted to understand their experiences from their perspective rather than pick a few correlates of drug use and investigate their prevalence. Although that would be of value, it would leave my "understanding" no further ahead.

In this short presentation of the values, beliefs, and attitudes with which I approach the issue of drug use and persons who use drugs, I do not want to leave the impression that I possess an openness so open that I am absolutely free from bigotry and from knowing when persons are violated. In regards to bigotry, I struggle with intellectual arrogance and find it difficult to relate to some people who appear to be (at least in my narrow perception) "simplistic." I feel uncomfortable in their presence, which arises in part out of a disgust for my own arrogance.

In regards to knowing when persons are violated - I have subjective standards which may reflect a distant approximation of objective truth. I believe in relationships and togetherness shared by persons. To the extent that alcohol and drugs destroy this, I believe they are evil. To the extent that they violate the emotional, psychological, physical, spiritual, and social health of an individual, the choice to use them is wrong. I am not immune to sanctimonious arrogance, however, I do hope this project reflects genuine care.

Summary

This chapter reported the specific methods and procedures used to arrive at the lifestories presented in the next chapter and the integration offered in Chapter Five. The sample and sampling techniques were described, together with the lifestory interview and data analysis procedures. In addition, my reflections on my life experiences, are shared as a description of the "instrument" through which the interviews were reflected upon and "analysed."

I now turn to a description of the themes around which the lifestories are organized. This will be followed by the lifestories themselves.

> The oral and written history of contact with mystery is a chronicle of the unexpected. People have become aware of mystery in privies and parks, in beds and on mountains, at times of joy and despair, in interaction with both friends and enemies, battling the larger systems of society and searching the depths of the solitary self, gazing at the vastness of the sky and squinting at the intricacies which swarm at the other end of a microscope. There are no rules for the arrival of this awareness. The implications of this fact are many but one immediately suggests itself. Each person's life story must be told and heard from the perspective of which events brought the awareness of a relationship to mystery (Shea, 1980, p.18).

CHAPTER FOUR: THE LIFESTORIES OF FOUR DRUG USERS

Introduction

Chapter three presented the procedures used to arrive at the data presented in this chapter. It summarized the sample, the sampling procedures, and the interview procedures used to obtain the life stories of Mary, Brian, Mark and Sarah. In the reflecting on and the coding of the interviews with the four of them, themes emerged related to the three questions of the study.

1. the kinds of family, childhood and adolescent experiences of past/present substance users;
2. their understanding of their drug use - its causes and its function for them; and
3. their understanding (meaning) of their lives (to date).

As indicated in the introduction, the first objective of the study was originally the only intended objective. However, as the interviews progressed, it became apparent that the volunteers were offering the researcher personal understandings of their experiences which were judged by the researcher to be of value to practitioners in the field of substance use/abuse. This was particularly true for the recovered addicts: Mary, Brian and Mark. Each of them went through the trauma of dealing with and accepting the difficulty of many of their life experiences. Having done so, they have valuable insights to offer, ones which are personally relevant and ones which reflect their understanding of substance use/abuse and drug addiction in general.

With respect to each of the questions, their answers yielded a number of themes, many of which appeared to have some similarity across each of their life stories. Their stories are presented in this chapter and are organized according to the themes which emerged from the interviews.

Regarding the answers to the first question - the kinds of life experiences, fifteen themes emerged. Nine of the themes were common to each of the four volunteers' life stories, four of them were common to at least three of the life stories and two of them were idiosyncratic themes. These ranged from themes related to the way they dealt with the reality of their home life and childhood and adolescent experiences, such as "reality/fantasy difficulties," to close relationship with a grandparent. For most of the volunteers, the major theme emerging from their understanding of their drug use, was their perception that it was a coping mechanism, a way of dealing with the stressors and the pains of their lives. For two of the persons, namely Mary and Mark, they identified symbolic meanings of the drug use. Finally, themes of meaning and understanding—in their lives emerged with respect to how they make sense out of their past pain, their present goals and what is meaningful to them today.

Each of these themes are summarized below prior to the presentation of the first lifestory (Mary's). The order of the presentation of the themes is arbitrary, for the most part, however reality/fantasy difficulties are presented first because "reality" provided a medium for presenting much of their story.

Introduction to the volunteer's life story

The introductions to the volunteers life stories will bring together general family reflections from throughout the interviews, situate the rest of the life story, and describe the family context into which each were born. It will include information and perceptions about their parents, grandparents and, where pertinent to their stories, uncles and aunts. Much of the information about family members came from the first interviews, which collected the genograms. Finally, the introduction contains the family genogram itself.

Themes related to the kinds of family childhood and adolescent experiences.

1. Reality/Fantasy difficulties.

Reality/fantasy difficulties describe the volunteers' struggle with reality and fantasy. The reality describes their lives as they saw it and their fantasy was created to deal with that reality. It was one of their main coping strategies. The fantasy could be a delusion, such as, "I cannot live my life without drugs," (Sarah) or it could be a created world, where "I can be the 'hero of my dreams.'" Which ever form they took, they made the reality easier to live with.

2. Other Coping strategies.

Other coping strategies involved alternative ways of dealing with the pain of the reality and refer to the means the volunteers used to take care of their perceived needs. Mary for example, would leave for a few hours of the day when the craziness of her family got too much for her. Other examples included her detachment from her feelings, Brian's masks (lies about himself) to fit in, and Sarah's running from her pain by not thinking about it. Many of these coping strategies were functional in the growing up situations, however as they grew older, they became dysfunctional in their new situations.

3. Negative feelings about self.

Each of the volunteers indicated that they experienced some form of negative feelings regarding themselves. The significance of this theme ranged from Mark's feeling that his low self-esteem was a major cause of his alcoholism to Sarah's wondering if she was adopted and feeling like she was not treated as her own person by her mother.

4. Closeness to grandparent(s).

Each of the four persons interviewed felt very close to a grandparent. Mary, Mark, and Sarah felt they were closest to a grandparent of anyone in their family.

5. Leaving home early.

The four volunteers left home at least by the age of 16, with Sarah leaving at the age of 14. Mary was "kicked out;" Brian left because he found an environment where he felt he could be accepted. Mark left because he felt his parents' would never accept him for who he was and Sarah left because she did not like her mother and her stepfather's treatment of her. Their experience of leaving home did not appear to be the anticipated maturing transition that is usually expected.

6. Less than adequate school experience

This theme refers to the difficulties each person interviewed experienced in school. These experience ranged from the feeling that they did not "fit the system," as was the case for Brian and Mark, to Mary's experience of not performing to her potential because she did not want to be noticed. Sarah, on the other hand, had a great time in school. However, this was primarily because from the age of thirteen or fourteen, she describes herself as high or drunk each day. If she was high during an exam, she says she got a good mark. If not, she did not write it.

7. Loss

This theme, although not identified by the volunteers as being a significant factor in their lives, nevertheless appears to be important, from my perspective. For Sarah, this represents a poignant theme because many persons have come in and out of her 23 years. The losses for her are defined as "real" losses, either due to death or to separation. The losses of the other volunteers are more symbolic, and reflect a loss of family life and/or acceptance.

Each of the following themes, though not drawn from all of the life stories, were drawn from three of them:

8. Parental substance use or other behavioral/psychiatric dysfunction

Three of the volunteers' parents (Sarah's and Mark's) used alcohol extensively as well as two of Sarah's four stepfathers. In addition, Mary's mother has a history of a psychiatric illness.

9. Poor parenting skills by parent/step-parents

Three of the volunteers' described aspects of their parents' parenting as inadequate. These inadequacies ranged from physical and emotional abuse in Mary's case to verbal degradation in Mark's case.

10. Parental favouritism of sibling/self

Parental favouritism involved parental behaviors, which were perceived as indicating preference in the parents for one of their children over the other(s). In the case of the female volunteers, they felt their brothers were favoured by their parents (In each of these cases, there was only a brother and the volunteer in the family.). Mark, on the other hand, felt he got the special treatment over his two sisters. Brian did not feel he was treated any differently from his brother.

11. Parents' marital difficulties

Three of the volunteers described their parents as having marital problems. These ranged from the marital/relationship breakdowns and fighting between Sarah's mother and stepfathers to the fighting when drunk, between Mark's parents. Mary's parents manifested what she considered to be a "complimentary illness."

12. Worked to support self from early adolescence

From the age fourteen onwards the two females worked to support themselves financially. At that age, Mary was told by her mother that she could not afford to keep her any more and that she would have to pay room and board. Sarah supported herself when she moved out of home. Brian supported himself after he left home, at the age of sixteen. However, he did not speak of this as being significant, like the women did.

13. Perfectionism

Each of the volunteers, except Sarah, identified this theme explicitly in the interviews. For Mary, perfectionism meant having all the answers and being an adult. She felt she needed all the answers for her family and to keep herself sane. For Mark, in his desire to be successful like his father, he had to be the best at whatever he dreamed he was going to do and Brian could not stand failure; he had to be the best.

The following themes emerged idiosyncratically.

14. Money as an expression of love

Money proved to be the way "love" was demonstrated in Sarah's family.

15. Achievement Motivation

One of the most prominent themes in Mark's story is to be successful like his father and this meant he had to achieve wonders, because he had a "mammoth father."

Themes related to the understanding of their drug use

These themes were identified by each of the volunteers spontaneously. Understanding their drug use appeared to be important to each of them. This appeared important to Sarah as well, although in a different way. Her drugs were important to her because of what they did for her.

1. Coping mechanism or an extension of other coping mechanisms

Each of the volunteers identified their drug use as a means of coping (or an extension of their coping) with a perceived intolerance for the experiences they were involved in. For Mary, Mark, and Brian drug use developed as an extension of their existing coping mechanisms. For Sarah, it was another way dealing with pain, another way of not thinking about it.

2. Symbolic meaning

Mary and Mark identified symbolic meanings for their drug use. For Mary it was a way of bringing an old emotional illness to a halt and it enabled her to continue her role as family "nurse." Mark on the other hand, felt that his alcohol protected him from the necessity of facing his failure.

Themes related to the understanding and meaning of their lives

Just like the themes related to the drug use, themes related to their understanding and meaning of their lives emerged in the interviews spontaneously. The only exception to this was the interview with Sarah. Her experience has made it difficult for her to face her past pain. She does not like to think about it. Consequently, the closest she came to making sense out of her past experiences was in response to the question, "Of all your past experiences, which is the most significant for you, in terms of who you are today?" With respect to her present goals, these were shared with the researcher spontaneously.

The themes which emerged in each lifestory were: making sense out of their past pain, their present goals, and what they find important in life.

1. Making sense out of past pain: The significance of recovery

Mary, Brian and Mark each consider themselves to be addicts and/or alcoholics. However, they have each been clean/dry for a couple of years or more. They have gone through treatment with Alcoholics and/or Narcotics Anonymous and have seen counsellors and/or psychiatrists. They have each reflected on their past experiences, their drug use and have reached some understanding regarding them. Sarah, on the other hand, appears to attribute significance, in terms of who she is today, only to growing up on the street. She has "recovered" from her drug use, from her perspective, because now it is under her "control."

2. Present life goals

The present life goals ranged from gaining a realistic view of "normal" and getting "reconnected" to her feelings and others, in Mary's case, to "just being myself" for Mark and Brian. Sarah's goals are to be a good mother, to go on a holiday - one which includes a "bender." (A drug "high" that lasts for at least a few days.)

3. What's important in life

Each of the persons shared what was valuable to them in life. For Mary it is believing in herself, for Brian it is Christian values and being himself, "a loner" and for Mark it includes working for himself and keeping religion in balance. Finally, for Sarah, her son, her friends and her drugs are the most important aspects of her life.

Tables summarizing each of the themes for each of the volunteers are presented in Chapter Five. Mary's life story is now presented.

Case One: Mary; The Family's Nurse

Introduction

As mentioned in Chapter Three, Mary was born in Vegreville, Alberta. Here she lived until she she was age 12 or 13, at which time her family moved to Lac la Biche. At the age of 16, she was kicked out of home by her mother. She moved to Edmonton, where she has lived since. She is the daughter of a farmer and a homemaker and has one brother, John. After asking Mary if there was any drug or alcohol use in her family background she shared with me the legacy of her families struggles (See Figure 4.1 on the following page, which presents her family genogram). From her perception, one of the characteristic features of her family is that while growing up in it you have a choice between survival or going insane, like the rest of the family.

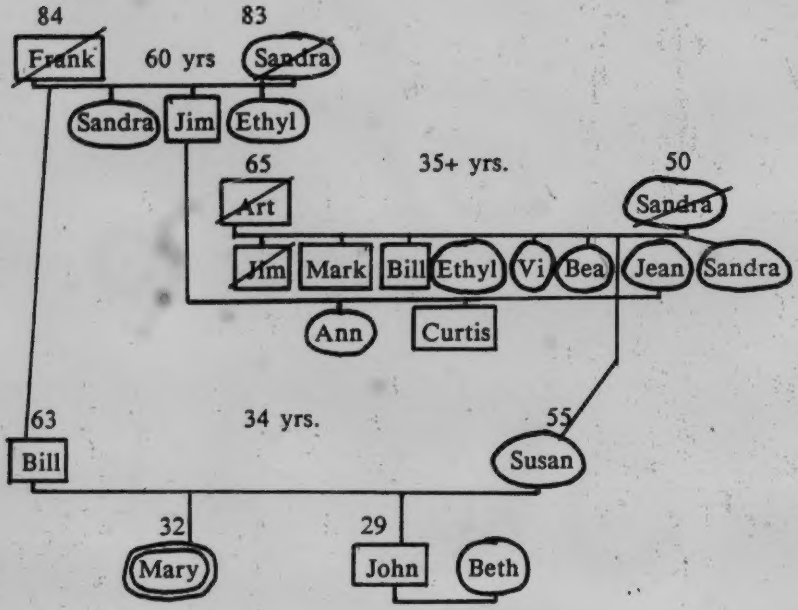
> ...either you find a way to survive and stay sane or you become just like them and it's easier to become just like them - much easier. ...it gets very hard when you're living in that kind of family to...keep a focus on what reality is because crazy things happen all the time.... And...it's very...easy to start doing that. You start to become like them. And I guess my brother and I were lucky; we were just very, very lucky.

Mary saw many of her relatives as having some form of psychopathology or maladaptive behavior patterns, including her parents. She viewed her parents' relationship as a "complementary illness."

> My dad came from a family where his dad was ...a very domineering, overbearing person. You did what you were told. You didn't question [him]. As a consequence, my dad grew up

Figure 4.1

Mary's family genogram


84
Frank
60 yrs
83
Sandra
Sandra
Jim
Ethyl
65
Art
35+ yrs.
50
Sandra
Jim
Mark
Bill
Ethyl
Vi
Bea
Jean
Sandra
Ann
Curtis
63
Bill
34 yrs.
55
Susan
32
Mary
29
John
Beth

Notes:

Frank: (1900 - 1984) Mentally Ill; died of "old age"
Sandra: (Paternal Grandmother; 1901 - 1983)
Art: (1905 - 1970) "Moonshiner."
Sandra: (Maternal Grandmother; 1915 - 1965) Died of a cerebral aneurysm.
Sandra: (Paternal Aunt) had a "nervous breakdown" after her divorce.
Jim: (Paternal Uncle) - "mentally ill," on medication and all kinds.
Jim: (Maternal Uncle) Committed Suicide at 28-29 years of age.
Mark: alcoholic, hermit, "weird."
Bill: chronically ill and in institution most of his life.
Ethyl: (Maternal Aunt) "weird," like Mom, possibly "manic."
Vi and Bea: Married "old-countrish" brother who beat them regularly.
Bea: "depressive"
Jean: on traquillizers, "depressive," always "uptight."
Sandy: just about lost her child because her husband beat her when she was pregnant; he's alcoholic and abusive
Sandra: (Maternal Grandmother) - institutionalized for eight years, abused by her children.
Susan: Domineering; Manic Depressive Illness.
Bill: (Father): Problem with Alcohol; "Backwards."
Ann: A Nurse.
Curtis: Anorectic; sociopathic.

> not being able to make decisions...; he had to be told what to do.
>
> My mother is a domineering, aggressive sort of person. She likes to tell people what to do. My dad likes to be told. ....They really do feed each other.... If you put the two together, you might have a whole person.

Her mother was admitted to hospital a number of times throughout Mary's life. Her initial diagnosis was Paranoid Schizophrenia; later it was changed to Manic Depressive Illness. Regarding her father, Mary believes he had a drinking problem until she was about aged 10. When her mother told him to stop, he stopped.

Figure 4.1 highlights her family members' problems with alcohol, medications, and mental illness.

This brief introduction and Mary's genogram provide but a brief sketch of her family background. The significant memories to be described next however, give a more complete picture of the "non-normal" childhood and adolescent family experiences which she had to deal with. She developed means of coping, which, in her "non-normal" situation were adaptive. According to Mary, though, when she started trying to make her own life, her difficulty "dealing with 'normal,'" and the inadequacy of learned ways of dealing with the stress brought to bear on her by her family, during a "two year long crisis," stimulated her drug use as a form of self-medication and stress management.

Themes related to Mary's memories

1. Reality/Fantasy difficulties

The reality of Mary's life story is painful. However, she recalls feeling little pain. She just did what she had to do. In addition, the reality involves much "craziness." As described in the introduction, she grew up in the midst of family pathology. In dealing with this reality, her response was to try to "cure" and "care" for them, a role she believes she was set up for. She stepped right into this role; her fantasy was that she could and that she had to cure and care for them all. The "craziness" therefore, formed the basis of her reality and the "curing" and the "caring" formed the basis of her fantasy.

(a) The reality: Craziness

Mary's experience of her family's craziness, as she remembers it today, involved being ignored, being abused, parental arguments, her mother arguing with family members, her parents complementary illness, being blamed unjustly for her parents problems in their community and being told to work for her room and board at the age of fourteen. In addition, another difficult aspect of the craziness was her mother's mental illness. Mary believes that from the beginning of her life, her mother held something against her and thought that she was at the heart of her problems. She got this notion during one of her mother's "ranting and raving sessions" (Sessions when she would yell at Mary).

> Somehow it came out...in one of those ranting and raving sessions at me, that she was leaving Dad. She had [had] her bags packed and her pictures and then she got pregnant with me.... So I blocked her escape..., put her in a life that she didn't want to be [in]. ....I'm not sure [but] Mother alluded...that my dad raped her. She never said it in those words, but she alluded to it.

Mary's relationship with her mother was not described as healthy. As a young child, she witnessed her mother's first "crack up." She was seven or eight at the time. Although she remembers little about it, she remembers staying with the neighbours. What was significant about this memory for her was that the parents

> "...were strange people 'cause they did things with you.... ...I mean, I never used to help cook because whenever I used to help cook in the kitchen, there was a big fight - not a good place to be. ...there I used to help with the meals and...stuff.

It appears that this interaction with her parents was missing in her family. She indicated this explicitly in another part of our interviews. She said that growing up in her home "...was to be ignored."

Mary described two memories reflecting this lack of attention. One involved her first experience of her brother. Her paternal grandmother looked after her while her mother was giving birth to him. Because of the discussion with her grandmother, Mary felt her brother's birth was special. She anticipated his arrival. When he was brought home, no one would let her see the baby and his crib was too high up for her to see him herself. Mary was three years old.

The second event occurred after the death of her mother's sister-in-law. As a result of her death, their children came to live with Mary's family. She got up in the middle of the night for a drink of water and found her mother crying and her father with his head in the newspaper. She asked them what was wrong. No one answered her. She commented, "In my house...if you were around, it was often you were ignored anyways." She simply went to get her glass of water and went back to bed; she could not remember what she felt. She was about seven at the time.

Regarding her father, she shared memories which embraced a vague memory of panic, drunkenness - when he argued with his wife, and some positive times. The positive times occurred before the age of twelve and included little farm chores and playing cards with him where he would let her win. She added after sharing these memories, "...I always...felt like I wasn't reaching him," and that she felt uncomfortable being physically close to him. She felt that this was related to the vague memory of panic.

> I must have been about three or four. I had a memory of being at the neighbour's place - some family that had a little girl who was a little younger than me.... Her and I were playing and she decided to take her shoes off, ... I got really scared when she started taking her shoes off and I kept putting [them] back on. ....All I knew was that it was very important for that she keep her shoes on 'cause she was going to really...get it if she took [them] off.... And I remember Mother and the lady, who's house we were at, laughing about it, ...thinking it was quite cute....
>
> I couldn't figure out why that memory kept coming up,.... So I asked my mom, and I guess my dad use to beat me up every now and then, ...when he got mad. I don't have any memories of this.... ...I guess I had taken my shoes off and had gotten a really severe beating the day before..., but I don't remember anything about it. ...I can only remember the sense of panic about these stupid shoes.

It appears that her father beat her when she was a young child. She indicated that her mother stopped him from continuing this practice.

As she got older, Mary witnessed the difficulty of her parents marriage. The following memory highlights those aspects of the family's craziness that centered around her father's drinking and her parent's fights. Inherent in this memory is a fear that her father would leave them.

> ...Mom and Dad used to fight.... I guess my dad used to..., up until I was 12 years old, drink, ...get drunk and fall down the stairs. I remember not being too impressed by...his behavior sometimes.
>
> In the community they used to have card parties and... stuff like that.... I think once a month or so, they used to be [at our place] and Mom and Dad used to fight 'cause Dad would drink too much...and I remember Dad deciding, after one

> of these, that he was taking off. He got into the car and he went as far as the lane.... I remember waiting, just watching out the window, waiting to see if he was gonna go or not. ....I thought he was leaving.... I didn't want him to go.... I was more scared than anything, that he'd take off and we'd be left with mother.

When Mary was twelve or thirteen, she and her family moved to Lac la Biche. They moved onto an acreage and into a trailer which they purchased from her maternal grandfather. By this age, she remembers thinking of herself as a loner. While living on the farm near Vegreville, her mother fought with the neighbours and did not allow her and her brother to play with their children. In addition, the town children did not want to play with the country kids. When they moved to the new town, she was the "new kid in school." She felt like she had no one with whom she could confide in. She had one friend but "..., she didn't believe in anything I told her [about my mom]."

Another significant aspect of the move for her was the change in her mother. At first, she was "not too bad." She and her husband got jobs. His entailed the cleaning of forestry camps and being away from home for four months at a time. She, on the other hand, got a job as a short order cook.

As time went on, however, her psychiatric illness seemed to get worse. One of the consequences, for Mary was that she now had to work to earn her own room and board. She remembers her mother telling her,

> "I can't afford to keep you, so you're gonna have to start paying room and board." ..., I can...remember thinking, "Well, what am I going to do,".... [She couldn't remember what she felt.] ...so I just went around the neighbourhood and started asking around for work.

During her three to four years in Lac la Biche she babysat, supervised a playground in the summer, taught kids to skate in the winter and her last job was taking tickets, ushering at and cleaning the local theatre.

The change in her mother's illness also involved delusions, thinking Mary was at the heart of her difficulties with the town. In addition, she would leave early in the morning and not return until late evening. Regarding the delusions, Mary shared that

> [While] I was playground supervisor...[Mom thought]...I started talking to the kids and telling them a story...that she couldn't get a better job.... She was having some problems with the town because they didn't want to put water or power out there [on their acreage]...; of course, I was blamed for that because I was "wrecking things for her."

Regarding her "disappearing," she commented,

> ..., it just got so that she would disappear for a day at a time.... You'd get up in the morning; Mom would be gone and you didn't know where she was. ....I used to phone around [to] see if I could find her because the night would come and I wouldn't be sure when she'd show up. She used to go and sit in the bush somewhere and clear her thoughts and come back.

Four years after they moved to Lac la Biche, Mary turned sixteen and her maternal grandfather died. This event had a significant impact on her life, not because she was close to him, but because of the impact it had on her mother. Mary, the heart of her problems, was kicked out of home.

> ...one day my Aunt...and Uncle...came from the city...to see...about some of the arrangements that had to be made with the estate and everything and my mom just went right off the

> deep end. She decided that I was talking with my Aunt...and she told me to get out...; she wasn't taking no for an answer. ...she got my suitcase and threw it at me. So I packed one little suitcase and went with my aunt....
>
> ...I was at my [Aunt's] for about two weeks and...my mom started threatening [her] with physical violence. ...by then, in her mind, she had twisted it to believe...[that my Aunt] had kidnapped me...and...I had voluntarily gone, but I could plot against her.

After Mary left, her mother's illness became even more acute.

> ..., my mom got more psychotic.... People were kidnapping me. I was..., into everything..., I was plotting with people to kill her. God was talking to her, telling her where I was and what I was doing. ...she just went off the deep end.

Being kicked out of home was very traumatic for Mary. Her response is described in the section on "leaving home early." The one thing she held on to is her desire for an education. After getting some help from a school counsellor, she began to get used to the idea that she is on her own, regardless of how unprepared she feels.

Meanwhile, her mother continued to get more psychotic. Within a year of kicking her daughter out she "packed up the family" and moved to the city. After returning to Lac la Biche to clear up a few odds and ends, "...she went off the deep end, like totally." Mary then described an incident which seemed to indicate a climax in the craziness with which she had to deal.

> ...she came back...and for some reason I was at [their] apartment. ...I went to spend some time with John, or something like that. ....All I remember is that they came in and my mom was yelling and screaming and carrying on. When

> she saw me, ...she got real quiet. She went to her bedroom and then she came out.... I didn't understand what was going on...; I was gonna spend a little time and then go, right. ...she started accusing me of everything under the sun and then she started throwing the dishes around. ..., John was in the living room. Dad - I don't know where Dad was. I think Dad went to hide in the bedroom. I don't remember where Dad was. And then she decided that...the only way she was going to...solve her problem was to kill me, because I was at the root of [her problem], so she went for the kitchen knives.... ...she was in the kitchen with the knives and I went down the hallway and out the door and as I was going by, I can remember John sitting in the corner just watching all of this happening hey, but my mom was after me with the knife; I couldn't stop, so I left...and I walked and walked....

After walking for a couple of hours she returned, unsure of what she was going to find and arranged to have her mother taken to emergency. She then had to convinced her father to get her mother to hospital. Her mother was taken out to the local psychiatric hospital.

(b) The fantasy: To cure and to care

Mary defined her role in the family as the "family mediator" and the "family nurse." Her fantasy was that she could cure the craziness and that she had to care for her family. It was her "role" and she had to fulfil its obligations, even at her own expense. Part of her role was having all the answers, for herself and for "them." She felt this as a need. She needed to have the answers, possibly to have some control in a situation that was out of control.

As a young child she had to guess what normal was. To her, normal meant having all the answers. She believes her family set her up for that. She had to settle disputes, help a cousin with his anorexia nervosa, at the request of his parents, and nurse everyone when they went to hospital. Additionally, she had to get someone who could cure her terminally ill grandmother. In the following excerpt, she describes her role as mediator and nurse, specifically as it related to her mother's antagonism of her husband's relatives.

> My mother hated my...dad's parents. My mother did not get along with most of this family. ...she goes and antagonizes them. The family, you don't really know how to deal with them most of them most times...in her aggressiveness what they have done in the past is that they've come to me and asked me to sort it out, or whatever, like I became the family mediator..., the go between...and I also kind of became the family nurse..., more for my dad's side than my mom's side. ...it was like me between...my family and the rest of the family, especially with problems. And I would get called...just before I went off to work, from an aunt crying on the phone, 'cause my mom phoned her and told her off.

Caring for her family began very early, while her brother was a baby. A very special relationship developed between the two of them and a division between them and their parents.

> ...a definite line was drawn. ..., it got to be me protecting my brother. I guess that's the way it started, me protecting my brother. And when he got older, ...when it came down to the crunch, he'd always choose my side. ..., when we started figuring things out, it was him and me against them [their parents].

Although the protection she described had to do with perceived specific threats, she hinted that they had to protect each other from the craziness.

She related three memories reflecting the need she felt to protect John from specific perceived threats. In one, she was held back by her mother, while her brother received his inoculation shots. In her mind, he was going to be hurt. In another, she remembered her mother sitting in a chair with John in her arms, while her neighbour was teasing her mother by tilting the chair back. Her mother laughed the whole time. She yelled and screamed at them for the man to stop because she felt the baby was going to get hurt. The third memory occurred during Christmas of her fourth year. Her brother was two. In their farming community, a tradition of the Catholic Woman's League was to prepare little bags of candy which the school bus driver, dressed as Santa Claus would bring to all the children. When he arrived at John's place, he teased Mary about taking the baby in exchange for some candy, "because the older kids usually did not like babies."

> ...I got really upset with him and told him to take his candy. He could take his presents and he could not bother coming at Christmas time. I was keeping the baby, "Thank-you very much!" ...he really upset me...; I got really mad.... I was not too impressed with Christmas that year, nor Santa Claus.

This protection of John carried on into his school years. After her mother was committed to hospital John started to act out at school. The school tried to get her father to deal with the issue. Finding him inadequate, they began calling Mary to the office when her bother misbehaved. She commented that by this point she was parenting both her brother and her parents.

After her family followed her to the city, Mary remembers going for a walk with her mother and trying to convince her of two things, that she (Mary) had not been kidnapped, as was her mother's belief, and that she (her mother) needed to see a doctor. Her mother would not listen to her. As mentioned, she later organized her mother's admission to hospital. Mary then felt she had to take care of her father and her brother. By this time a school counsellor had found her a place to stay and work as a mother's helper. She now had two families to care for in exchange for room and board. This went on for most of her Grade 12 year.

At the age of 28, Mary had been working as a nurse for a few years. She indicated that she was getting bored with it. In addition, she said that she had become a workaholic. While working full-time she decided to go to art school. She was, therefore, doing the equivalent of two full-time jobs for a period of two years. At the end of these two years she knew she needed a break, but the break did not come. (that is working one job instead of two)

Shortly after this, her family caring skills were called upon and taxed beyond her limit. Her father and mother, each in turn, had major surgery. She was involved in their care. In addition, her aunt and her cousin arranged to have Mary's paternal grandmother, who was dying, come to stay with her.

> At the same time my grandmother...from Vancouver, came to Edmonton and promptly got sick. She was staying at my Aunt Jean's house and my aunt could not cope, 'cause she...was afraid she was gonna die in her house. So one day, they asked me over 'cause she was having problems breathing.... Jean kept me busy, while Ann, her daughter..., went and put my grandmother and her suitcases in my car. ...I was walking out to the car [and] I said, "What's my grandmother doing in my car?" and I looked at Jean. ...Jean said, "Well, I just can't handle it any more. I think she's gonna die and I don't want her to die here."

Her grandmother stayed at Mary's place for six months. During this time she deteriorated and soon required hospital care. Apart from her full-time work as a nurse, Mary helped with the morning care of both her parents at the hospital and her grandmother's care at home and then in the hospital. Her coping strategies could not carry her through these family demands, the need she felt to nurse her family, and her full-time work. Her morphine use extended the coping strategies she developed over the years to deal with her family's craziness. It is to these coping strategies that I now turn.

2. Other coping strategies

Apart from the attempts to cure and care for her family, Mary described three other coping strategies which helped her deal with the craziness and permitted her to continue her role. These were detaching, self-talk, and not attracting attention to herself.

(a) Detaching

To deal with her mother's ranting and raving at her, Mary became very good at detaching as she grew older. She did this emotionally and physically. Emotionally speaking, she would not allow herself to be affected by what other persons say about or do to her, by not feeling her feelings. Physically, she would simply leave, go for a walk, or go to work. Regarding the emotional detaching, she commented.

> ..., my mother could go up one side of me and down the other and I could stand there and not even bat an eyelash, not feel a thing. ...that is how I learned to survive... and I was a good nurse because I could detach so well, no matter what happened and who died and how they died, it didn't bother me, that much. Not as much as it bothered other people. ...I detached so well that I, ...started to totally lose touch with feeling, and I, ...I was getting to a place where I had very little of them (feelings) [left]. ..., I'm having a hard time now and dealing with them coming back....

With respect to the physical detaching, she indicated that she would simply take off, whenever conflict would arise. She did this from a very early age.

> My mother used to argue with everybody. When my uncles would come over, there would be an argument... it just go so it was just better to take off, you know. I used to spend, ...alot of time just walking. Like I would go four or five miles, and I was... just four or five years old, just go. ...when we got a little older, John and I used to have places we would go. We would raid the garden and like we would be gone in the morning and we,... would not come in until it got dark.

While she was working in Lac la Biche she did not spend a lot of time at home, however when she did, she spent most of her time in her room studying or listening to music. As she put it "...[Mom] would unsettle me; it was easier to stay out of her way...not cause a hassle."

(b) self-talk

There was no one around, it appears, to tell Mary that she was a good kid. One of the ways she developed to deal with this was to give herself a little "pep-talk," especially after her mother "ranted and raved" at her:

> ....What I [also] used to do at home and I just...realize now, ...is after one of my mom's - I don't know what to call them... - well one of the incidents where I would get put down, I would spend some time by myself saying, "You know that's not true." - ...alot of "You can do anything you want to...."

(c) not attracting attention to herself

In school, she would not draw attention to herself, possibly because she was getting too much of the kind she did not want at home. She did this by being mediocre, by underachieving.

> Being mediocre helped.... I found school, did not find it hard,.... I think I learned quite [easily]...; my marks were o.k. I never failed anything, but...I...probably could have done better.... I learned that...if I was mediocre I would not draw attention to myself, so it was the best way to be.

Detaching, self-talk, and not drawing attention to herself were were her ways of "surviving," as she puts it - or of not becoming "just like them." Each of these coping strategies served Mary well while she was growing up. One of their consequences was independence and growing up early.

> ...I grew up very, very, very early...and...I guess I developed an independent streak, right from when I was [a young child]. My mom keeps telling this, that I was independent very early and...I guess it was survival

The coping strategies served her well until the demands on her were too great.

The painful reality of her life, her fantasy to cure it, and her coping strategies took a toll on her. She began to be aware of these effects as a young adult. She began to question whether she fit in. She began to have negative feelings about herself.

3. Negative feelings about herself

It appears that Mary did not share many childhood and adolescent memories related to negative feelings regarding herself possibly because the coping strategies appeared to work for her. In more recent years, however, she began to feel different from her friends as she grew older. One of the first memories she shared was her experience of friends:

> ...when I was growing up, I developed a sense of being different and alone. ...I carried that with me. I never thought that I belonged with people at work or with some of my friends. I always felt like...I had trouble relating to things that normal people around me did. Like, having fun to me didn't mean much.... I couldn't handle the...discrepancy between the way I was and the way I thought I should be, in the real world, ...'cause I just didn't fit.

Mary said she felt "odd," "different," and "isolated." "...I couldn't understand... why I couldn't fit in with my peers, you know." In addition, she indicated that she could not handle the discrepancy between the way she was and the way she thought she should be.

4. Closeness to her Paternal Grandmother

Mary indicated that, next to her brother, she was closest to her paternal grandmother. With her, she shared two memories related to two mysteries of life: birth and death.

(a) birth

When Mary was two and a half years old her brother was born. While her mother was in hospital, her paternal grandmother took care of her. She bought Mary a doll and explained to her everything she could about the newly born baby, answering all of her granddaughter's questions. Mary remember's being very excited about the baby.

(b) death

Mary indicated that her grandmother felt secure when she was with her in the hospital. She wanted Mary to stay with her. There was a suggestion that she was not comfortable with the other family members because they did not want to talk about her dying, nor could they deal with it very well. With Mary, however, she could speak what was on her mind and in her heart.

> They [the family] didn't want me to talk about dying either.... ...I was not to tell her she was dying. I never brought it up; she did. So when she did, we talked about it. ....she wanted to be cremated. She didn't want to be buried...because she didn't quite know where...they would bury her anyway. ...so she...wanted her ashes...spread on the ocean.
>
> And then, at the end, I can remember one day coming up to the hospital (she was in pain, she was in a lot of pain)...,she was in the chair and she had no pain and that was the day she told me what she wanted. ...we talked about what it was like, what she she thought it was gonna be like to die. ...she talked about her family in the old country who have all died. ...I guess she had a sister that she was quite close to and she was looking forward to seeing her again. ...And it was just, she was in pain and that one day she had no pain. ...I think that's when she accepted the whole thing.

Mary was using during this experience. However, that did not appear to change the significance of the experience for her.

5. Leaving home early

As mentioned above, Mary was kicked out of home at the age of 16, shortly after her maternal grandfather died. She appears to have felt unprepared for this event. It appeared to her, in the months that followed, she would not be able to manage, emotionally. However, the one thing she held on to, is her desire for education. It was through school that she manages to get some help through this painful time.

> I can remember being at my aunt's place.... I couldn't get a job, because I was too young. I couldn't stay at my aunt's place because my mom was threatening her. Finally..., the smart thing I had done was..., I enrolled in school. ..., I had figured out, if anything else, I had to get my education 'cause...I knew I couldn't accomplish anything...if I didn't get my grade twelve.

She felt trapped, she could not sleep and felt deeply hurt but could not talk to anyone about her experience.

> When I was at my aunt's and...things were getting worse, I had no money; I had twenty bucks that I made at the theatre.... I had...half a suitcase full of clothes and nowhere to go. ...it was like I was in shock. ...I don't think I felt anything.... All I can remember is my Aunt would ask me what happened and I couldn't tell her, 'cause all I'd do is start shaking. I'd just start shaking. I just couldn't talk about it..., anything that had happened in our family.
>
> I wasn't sleeping very well. I..., started wearing - you know it was still nice out; it was September - I started wearing big, heavy sweaters so that if people started asking me why I was shaking, I could tell them I was cold. I mean, that was my thinking. ...I cried a lot

P: So you felt very sad.

M: Yah. Well...I...was trapped. I had nowhere to go.

> ...there was no way out. The only thing I could do was wait. And one day, I remember walking to school...; I was going down back alleys..., and I cried the whole way...; I just couldn't take it anymore. ..., I had just had enough; there was no way; I just couldn't find a way out. Like there was always a way out before...; I could always go to work; I could always find somewhere...to be so I wouldn't have to put up with it all the time. ...there was always something...I could do. This time I was trapped. There was nothing I could do.
>
> ...and I guess I...made a very smart move. I went down to the principal's office and I made an appointment to see a counsellor. ..., I didn't think they were gonna be able to help me, but I didn't know what else...to do.
>
> ...I walked into [the counsellor] office and...she asked me, "What's wrong?" All I did was sit there and shake, so she sent me to see a doctor. She told me to go... to a doctor 'cause she wanted to make sure that I was allright physically. And I think the doctor gave me..., a couple of sample packages of little blue pills. He asked me what was wrong and I said, "I got kicked out of home and I got nowhere to go and I don't know what to do," and I was just shaking. ..., I think he put me on Valium.... He said it was a mild tranquillizer.
>
> I went back to the counsellor and kind of gave her a sketchy...outline of what happened and she found a home for me... as a mother's helper.

Here she got room and board and sixty dollars a month for caring for the children of this busy couple. She had the responsibility for these children from after school until late in the evening. She also did some laundry for a neighbour on Saturdays for another ten dollars a month. She felt that this was partial relief. Soon after, her mother figured that she had been kidnapped and that she had been sold. Her mom then "...packed up the family, sold everything, and found an apartment in the city, and ended up here."

6. Less than adequate school experience

As suggested above, Mary's less than adequate school experience had to do with her perceived need not to draw attention to herself. She suggested that by being mediocre, by underachieving, she went unnoticed.

7. Loss

Mary does not refer to experience as a "loss" of "normal" family life directly, however she does indirectly. She wanted so much to be able to change her family, to make it better. "I...spent thirty years pounding my head against a brick wall trying to band-aid the situations, to keep the peace...to try and make some sense and some normal in that, that family, and it did not work." She describes her family reality as something that she found difficult to accept. Listening to Mary's story, it appeared to me that she had little parental support. She appeared to feel the loss of this most intensely, when she left home.

8. Parental substance use or other behavioral/psychiatric dysfunction

Mary's mother's chronic mental illness which included psychotic episodes, her father's alcohol problems, and inadequate social and living skills were illustrated by her memories in the above sections.

9. Her parents poor parenting skills

Mary's memories highlighted in above sections, indicate that she experienced physical abuse from her father at a young age and much emotional mistreatment from her mother. In addition, she felt they favoured her brother, John....

10. Favouritism of John

Mary made a few remarks about her parents' favouring of her brother, John. For example, he did not have to work to support himself. The favourtism existed but she did not feel it affected her. In her mind, he was favoured because her mother had something against her, not John. She was the one who "...blocked her escape."

11. Her parents' marital difficulties

Above sections have described both her parents' fights when her father drank alcohol, and their "complementary illness."

12 Worked to support self during adolescence

The memories related above indicate that Mary was working to support herself during her years in Lac la Biche and while she was on her own in Edmonton, during grades eleven and twelve. While in Lac la Biche, she reported the schedule she kept during this time:

> ..., I'd go to school all day and at six o'clock I had to go to the theatre and I was there until eleven. Then I would go home and I would do some homework, and I'd get up for school the next day.

After her mother went to hospital, while she was in high school and looking after another family, she described her daily routine.

> ...I'd go to school in the morning and then I'd go to the family's in the afternoon until around seven, until after supper and then I'd go home...and then I'd make supper at home

> and do housework. While I did housework, I did homework and whatever else.

During her last two years in high school she looked after two families.

13. Perfectionism

For Mary, being "normal" meant being perfect, and being perfect meant having all the answers, for everyone.

Themes related to the understanding of her drug use

Mary describes her morphine use in two main ways. On a concrete level, it was an extension of her coping mechanism. That is, it provided a way of detaching (escaping) when all other means were no longer effective; it was a form of self medication and it was a way of keeping her able to fulfil her role in the family - "the nurse." It was a way of "doing what [she] had to do." On a symbolic level, it was a way of bringing an "emotional illness" to a halt before she ended up in an institution or dead.

1. Coping Method

(a) A way of detaching and to replace the inability to do self-talk

Morphine "...just pushed me farther away...from everybody." This was the way she summed up this function of the morphine for her. It was a "functional" coping method for a dysfunctional situation. In this situation, she did not have time to do her self-talk, something which was necessary, because she was "being bombarded with negative stuff."

> ...my [four] aunts...were extremely hostile through the whole thing, when my grandmother was with me, in the hospital, because my grandmother felt secure with me and wanted to stay with me. ...I'd get four phone calls per day. My mother was really upset with me and quite angry about the fact that I had my grandmother at my place, 'cause she hated my grandparents...and "what was I doing to her anyway." ...my dad was kind of sitting there and not coping very well, 'cause he knew his mother was dying. ...my Uncle John was the same way...and they also put the onus on me for the medical care. ..., they wanted me to find someone to cure her; ...she had no heart, no lungs, no kidneys. There was nothing to be done, except make her comfortable. ...they, especially John, couldn't understand that,.... So it...became...a bit of a circle and I used through it all because that was the only way I [could have] dealt with it to stay sane. I was being bombarded with negative stuff all the time. I didn't have time to go through it the way I would go through it [with the "self-talk"]...and get rid of it...to do all those little ego things. ...I felt that my loyalty was to my grandmother, 'cause she was the one who was dying. She was the one [who] was most important in the whole situation.

(b) self-medication

Mary indicated that through most, if not through the whole period of her grandmother's illness, she was doing sixteen to eighteen hour days. This gave her aching muscles. She used morphine to ease the pain.

> ..., it was like, this is getting crazy, ... In order to keep up the pace, I mean to do what I needed to do...or what I thought I needed to do, I ended up using, 'cause it took the edge off the the aching, tired muscles. It helped me feel

> like everything was gonna work out. ...what I used was morphine.... I worked with it; it was there; I took it.

2. Symbolic functions

There appeared to be two symbolic functions of the morphine use. First of all, it permitted her to fulfil her role as the family's nurse, at all cost to her. "I felt that my...loyalty was to my grandmother, 'cause she was the one who was dying. She was the one [who] was the most important in the whole situation." When each of her parents where in hospital at the same time as she was caring for her grandmother, she "had" to help with their care as well.

Secondly, Mary saw the morphine use as a way of bringing an emotional disease to a halt. Related to the detaching, she indicated that that she had become so good at it, that the next step appeared to be ultimate detaching - an institution or death.

> There was no doubt about it..., the using I think was a symptom of...just not being able to cope with that pain anymore.... It was for me, a symptom of an emotional disease that started when I was probably three - two or three. ...and in a way, I did myself a favour 'cause I brought the whole thing to a halt It...stopped...; everything had to stop and it did. And when I bottomed, everything stopped - work stopped, everything stopped.

When she bottomed, her brother and the nurses she worked with, from her perspective, were instrumental in keeping her from committing suicide. It was also discovered that she had been taking morphine from the hospital for two years. She then lost her registered nursing certification. Soon after, she detoxified and went into treatment. She continues to see a psychologist at this time and has been, for the past four yours looking back on the "functional coping mechanisms in her dysfunctional family environment."

Themes related to Mary's understanding/meaning of her life

(a) Making sense out of past pain

One of the most significant aspects of Mary's story is her recovery. During recovery she "...got the chance to take a year out and sit back and take a look...[to] go right back to where [she] started, the day [she] was born...." It gave her the opportunity to take the time to reflect on her life and put some things into perspective. Through this process, Mary identified her role in the family as the "family nurse," or as the "family mediator." She came to see this as the heart of her "emotional illness." Through recovery, Mary came to accept the reality of her family's "craziness," and that she could not cure her family, nor could she continue caring for her family, at the expense of her sanity.

> ...I...had to accept that there was something basically wrong with the way I was perceiving the world in the first place, right? ...basically it was a problem with not accepting reality..., trying to alter reality I suppose, to suit me. ...I wanted my family to be different, to be better, I guess..., to be something other than they were and I...spent thirty years pounding my head against a brick wall trying to make that happen, trying to band-aid the situations to keep the peace... to try and make some sense and some normal in that, that family, and it did not work.

Having recognized these facets of her behavior in treatment, she has been orienting herself to healthier coping strategies which are a part of her present goals.

2. Present goals

Within the last couple of years, Mary has been trying to live her life according to a more realistic view of normal. On this side of recovery, Mary's view of normal involves being "attached" to people, as opposed to "detached." It involves reconnecting with her feelings, living with sanity, and occasionally allowing herself to be dependant on friends.

(i) Attaching as opposed to detaching

Presently, Mary has been connecting with different persons on different levels. With her psychologist she has been connecting on an intellectual level. With an addictions counsellor she has been connecting on a more emotional level, "So I feel, ...with her...it's special." Two other woman in Narcotics Anonymous connect with her on other levels. With one, she connects professionally, and another is "'mom' at times." In addition to these persons, she indicated, "...I've got a really good circle of people, like Brian to keep me on the straight and narrow."

(ii) Reconnecting with her feelings

Dealing with normal feelings is part of her priorities at this time. She described the difficulty she had, initially with "normal" emotional ups and downs.

> About a year into recovery...;I guess I started coming back quite strongly and frequently.... ...I see a psychologist, and I can remember going into Jim's [her psychologist's] office and just saying, I think I'm cracking up; there is something wrong here, you know like I am just up and down and around. ...the way I am feeling changes from one minute to the next and I do not know what is going on. At least, if that is normal, people...live like that, have different feelings in one day,.... I could not believe that people dealt with that every day. It has been very hard on me to deal with that

every day.

(iii) Living with sanity

Mary is trying to deal with a life in which she can predict what is going to happen from moment to moment and where she knows what she can expect from the people who care for her.

> ...I have a family now that adopted me, that is a very normal family. ...I find them difficult to be with for any period of time, just because I'm not used to things being "nice." I'm used to the stress of living in this kind of family, where you never know from one minute to the next what's gonna happen....
>
> P: Your not used to the stress of "normal," where know what's going to happen.
>
> M: That's right, yah and where you know what to expect from people and that you know they care...and they'll be there for you.

(iv) Allowing herself to be somewhat dependent

In discussing her circle of friends and collegues, she commented:

> A lot of these people watch out for me...even...this new head nurse at work. ...I was telling her about some of these things...that I have to deal with and that I'm a bit of a perfectionist at work and...that I tend to be a workaholic and if there's four hours of overtime to do...they don't have to look for anybody; if I'm there I'll do it and things like [that]. ...I was there half an hour late one day and she came up to me and said, "You finish that sentence, you go home, now."

She indicated that the significance of this event, was that she is trying to allow herself to let others care for her, occasionally.

3. What is important in life?

At present one of the important things in life, for Mary, is caring for herself. Originally, she struggled with the concept of "higher power" in Narcotics Anonymous. Her initial resolution of this dilemma was to believe in herself. Later she stopped trying to figure it out and, although she believes in her "higher power," what ever it is, she felt that the most important aspect of living is simply to take care of herself.

> ...I was working on it; I was exploring the spiritual principle and then...I kind of gave up the struggle for trying to find something I could label and...qualify and quantify and...as soon as I gave up the struggle for looking for something like that, it just seemed..., I can't even put it into words still. And I know that if I do certain things..., I don't necessarily pray, ...I just spend some time with myself in the morning and the evening. Basically, all I do is, I just ask to learn something that day that I need to learn.
>
> P: Of the higher power?
>
> M: Yah, and...at night I just kind of review the day and if I've done the best I could with what I had, that's all I can expect of myself. ..., before I would have beaten myself up over it, so I've kind of learned to...accept what happens...and not be too hard on myself...and it's been working for me in that way.

She still struggles, however, she is not as hard on herself.

Case Two: Brian: Searching for acceptance

Introduction

Brian was born in Winnipeg and grew up in an upper class area of North Vancouver. He was adopted into a family with one natural son. This son, Mike, was five years old when Brian was born. His "father" is a labor negotiator with a management consulting firm and his "mother" is an art historian. (See figure 4.2 on the following page, which portrays his family genogram.)

Brian described his family as a healthy one. As he put it, "...we're talking about a 'Leave it to Beaver' family here." From his point of view, his parents got along well, they did not want for finances, and his mother was around in the growing years when they needed her. Regarding his parents' marriage, he commented,

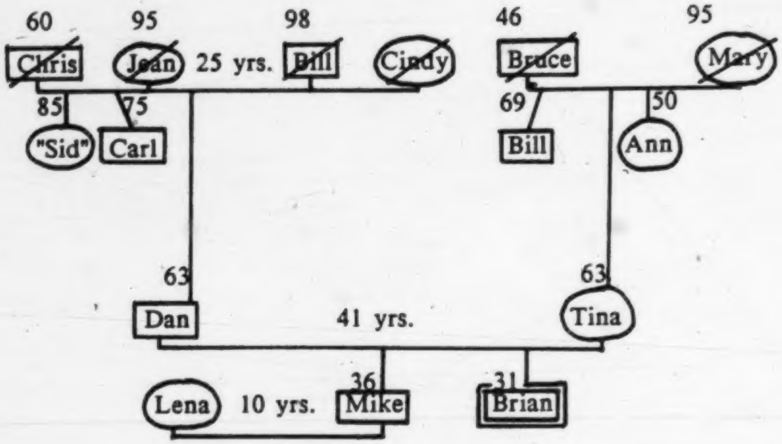
> Theirs was supposed to be [a] quick wartime marriage that would never last. They met in May and married in August and have been married for some forty odd years. They had a relationship with all kinds of open handed loving.

His mother is the middle child of three siblings. She is five years younger than a brother and thirteen years older than a sister. He describes her as "...one of those people who can't imagine why she would want to be liberated, because she has never been anything but...? She has never been anything but free to do exactly what ...she wanted to." The aspect of her life which she is most modest about, in his opinion, is her art history.

Brian's father is the youngest of three siblings. There is twenty-seven years between him and his sister, who is the oldest. Brian said little about his father, except that he spends his day on the management side of the bargaining table. He also indicated that, although he was closest to his mother ("...she's real loud and pushy like I am."), he does have a special kind of relationship with his

Figure 4.2

Brian's Family Genogram


60
95
98
46
95
Chris
Jean
25 yrs.
Bill
Cindy
Bruce
Mary
85
75
"Sid"
Carl
69
50
Bill
Ann
63
63
Dan
41 yrs.
Tina
36
31
Lena
10 yrs.
Mike
Brian

Notes:

Chris:	(1876 - 1946) Died of sudden heart failure, within one year of Cindy.
Jean:	Was a concert pianist; died of cancer.
Bill:	The only "grandfather" Brian knew; a science/shops teacher.
Sid:	Drank heavily during difficult times; daughter-in-law committed suicide; gradson died of a drug overdose.
Carl:	(1910 - 1985) Died of Alzheimer's Disease.
Bruce:	(1900 - 1946) C.P.R. Fleet Captain; cause of death was not known to Brian.
Ann:	Married to a "drunk."
Dan:	Labour Negotiator.
Tina:	Art Historian.
Mike:	R.C.M.P. Officer.
Brian:	Adopted.

father. "...he's one of my 'rocks,'" suggesting some sort of reliance on him.

As a teenager and while Brian was going through his struggles with heroin, he indicated that he was the family's "pain in the ass." This was the family's consensus. His parents' relationship changed during this period because they had different ideas about how to deal with his situation. (Today, he feels he gets along well with everyone.)

Brian described his grandparents respectfully and indicated that he had a close relationship with them, especially with his fathers' mother and stepfather. His grandfather died before Brian was born. His wife subsequently married her good friend, after his wife died, The two couples were very close, when they were all alive.

His grandmother and step-grandfather were married for twenty-five years. They lived in a basement suite in Brian's home until he was about fourteen. His grandmother died at the age of ninety-five and his step-grandfather died a few years later at the age of ninety-eight. These events occurred in the middle of Brian's drug use.

Brian described his maternal grandparents as "gentry." He only knew his grandmother for his grandfather died before Brian was born.

Although Brian felt he came from a good family, they could not give him the kind of acceptance he felt he needed at the time. Brian felt he was different. As a child and an adolescent, he did not feel comfortable with that and did not feel he had anything worthwhile to offer to anyone. As a child he attributed his "differentness" to the fact that he liked activities girls were interested in and as an adolescent, he attributed it to his homosexuality. His search for acceptance introduced him to the "lower echelons" of the gay community in Vancouver. Here, heroin and other drugs were used. Compulsively seeking acceptance, he did whatever he felt he needed to do to fit in, including using heroin.

As an adult, after going through recovery, he feels it is "kind of fun" to be different.

[illegible]mes related to the kinds of family, childhood and adolescent experiences

1. Reality/fantasy difficulties

According to Brian, his reality was that he was "different" from everyone around him. Although he was not sure how, he suggested that he remembers feeling dissatisfied with himself, that he did not have anything worthwhile to offer anyone. To deal with these uncomfortable perceptions, he compulsively tried to fit in. He felt that his fantasy was the many different ways he presented himself to fit in. He also implied, though not directly, that having to fit in, and thinking being different was not acceptable was also his fantasy.

(a) The reality

Brian's reality involved a mixture of positive and negative experiences. On the positive side, he shared those related to his family and those related to his music and drama. On the negative side, he shared his experience of being different and his growing awareness of his homosexuality.

(i) The "Leave it to Beaver" family

As indicated in the introduction, Brian feels he grew up in a healthy family environment. Most of the memories he shared about home involved experiences with his grandparents, who lived in their basement.. This is how he understands his experiences with them:

> In retrospect, it's a shame that I didn't really appreciate them when they were there. ...as a little kid I remember...I had to be quiet between two and three [in the afternoon]

> because that's when Nana and Granddad napped and you can't scream up and down and carry on. ...you couldn't stomp around too much. You know, we had a lot of fun, but it wasn't really an inconvenience and they were really nice and I loved them a lot and I thought they were terrific 'cause they were good to me.

His grandmother felt that it was important to her that she saw her grandsons one at a time, so that one would not be "...in the shadow of the other for one reason or another." He remembers that she taught him how to play chess and would play the piano for him when he wanted to sing. In addition, he remembers family meals downstairs, even though "She couldn't cook worth beans."

In addition, while growing up, he described regular family get-togethers with extended family members, including his maternal grandmother, a couple of her sisters, and cousins. There were up to as many as twenty people around for one of these dinners.

Brian shared few experiences with his parents and his brother and after sharing about his grandparents he moved on to relate his experiences around feeling different.

(ii) Feeling "different"

As long as he can remember, he had a general feeling of dissatisfaction about himself. He felt he had nothing of value to offer anyone. He does not know where this latter feeling came from; he feels that some how he chose to feel this way.

> ...if I sort of, intellectually, consciously go back over my childhood and upbringing, there was lots of love, lots of affection, lots of positive reinforcement. There weren't a whole lot of negative trips being laid somewhere along the road. I chose to believe that who or what I was, wasn't of particular value, no matter what I was being told to the

> contrary or shown to the contrary. I don't know where it came from. ...some of it may have come from what I thought people should be good at; I wasn't particularly good at [sports] and my brother was.... I was good at sports too but I didn't notice that. You know, I was on a winning soccer team, I was a championship figure skater, but I didn't notice that..., tremendous sailor.... But somehow whatever anybody else was doing was a much better accomplishment than what I was doing.

He felt there might have been a connection to the feeling of being different. This feeling of being different was also unacceptable to him, and thought that being immature, he tried to blame the feeling on something he cannot control. First he attributed the feelings to the fact that he was interested in activities traditionally defined as "girls' activities. As he became aware of his sexual identity however, he thought it was because he was gay.

Brian remembered that, "... from a very early age I was never particularly interested in what the pack was doing." To him "...the male/female role didn't matter so much," either. He did and played whatever he wanted to do and play. These happened to be "girls'" activities, such as the church choir, marbles, jacks, soccer and so on. Consequently, his best friends as a young child were girls. In addition, he got teased for it.

> ...I wound up getting attacked for it.... I used to play with the girls so I used to get girl nicknames and that sort of thing. There are always a couple of kids in school who have this happen to them. ....My best friends from preschool were always girls and I hung around with them when I got into school, [and did] the things that went along with that....

"As [he] got older, ...[he] just seemed to get involved in more things that set [him] apart." In late elementary school he got involved with figure skating and in grade seven or eight he got involved in music and drama and the "attacks," the teasing continued. This time however, he is introduced to the word, "faggot."

> ...it's sort of a nice thing to feel a little bit different and special but at the same time, it's not a nice feeling to get razzed about it. ...getting involved in figure skating, getting involved in music and theatre at school were all the sissy things to do. Hell, I was getting called faggot before I even knew what the word meant or had any inclinations in that direction. ...I found it in a book one day and I was horrified.
>
> Take a high school where you're a figure skater and involved in music and drama, where does that put you?
>
> P: Gay.
>
> B: Yah, No question about it.

Because of the feelings of being different and unacceptable, Brian remembers compulsively seeking acceptance. Just as he did not know what he had to offer others, he did not know what he needed by being accepted "...but...affection and kindness [were]...good substitute[s] until whatever it was that came along."

There were a few possible roots to the unacceptable feelings he had. These included, his "girls" activities and being called "sissy" and "faggot" because of them. Another hypothesis he proposed was that he was so good at these activities that he did not have to work at them. Therefore they could not have been very interesting to anyone. For whatever reason, he indicates he had a "...general feeling of dissatisfaction" with himself as long as he can remember.

(iii) Music and drama

Growing up in one of the richest neighborhoods in Canada, he indicated that it was possible to get the best teachers for any aspect of the arts. Two of these teachers were his music and drama teachers and a married couple. They were very significant to Brian and they had a "following," consisting of himself and a small circle of friends. According to Brian, they were two of the best. He had been the conductor of a major American symphony orchestra and she had been a Broadway actress. They taught at their school and a group of Brian's friends were over at their place nearly every weekend. He describes the drama department at school as a refuge from all the verbal abuse he got from gangs of kids at school.

His experiences with this couple were important for three reasons. First of all, he had thrown his whole life into theatre and music. Secondly, apart from drinking wine at meals at home, this is where he was first involved in heavy drinking and finally, he describes his music teacher was an "alcoholic pederast" as well. "...he seduced me when I was thirteen...and I stayed fairly seduced for a couple of years."

Regarding the music and the acting, he described his experince during the years he was at school:

> ...the music and drama department were the biggest money makers in the school. We put on musical shows every year that made big bucks. We hired professional choreographers and did the whole bit and...I guess there were about ten of us at any one time who were very close to [this couple] and we were sort of the stars.

With respect to his participation, he related that,

> ...my whole life at that time revolved around music, ...theatre and vocal music. I was a singer; ...[I] never played an instrument. I didn't have to. My dad and my grandmother were pianists and it was sort of unfortunate, but I was lazy enough that if I wanted an [accompaniment] I just

had to go downstairs or get my grandmother to play for me.

Regarding the drinking, he comments:

> We all spent our weekends over at [the couple's] house...and it was understood by our parents that at that home, if our parents would allow it, we would be given a cocktail and our parents...much preferred that...to having us take a half sack of beer and go and sit in the school yard and guzzle it ...our parents always knew we would have a drive home from a sober person; they knew where we were; they knew if we got silly that we would just crash on the couch at [their] house.
>
> ...that's why I started drinking. When everyone else would...be served one drink and I would go into the kitchen and get my next two or three - while everybody was still on their first. I liked it a lot

Brian related that he had feelings of being different, of being apart even from the members of this group.

> I have a [feeling of] general separation, [by] being part of a group, from the larger community at school and then another separation on top of that within that group [because I am gay]. And then another sort of sub-separation by being the teacher's pet of the group.

After a couple of years being involved in the school's drama and musical productions, he got involved with a theatre troupe in downtown Vancouver. At the end of one production, at the age of fifteen, he "disappeared" - he left home.

> I got a part in the "Theatre under the Stars," the big amateur musical theatre company in Vancouver...and...I had been grounded for one reason or another at home and I had been told

> I could go to the cast party at the last minute. [I] didn't go to the cast party; [I] went to the clubs downtown and somewhere in there, I got a job as a busboy, met some gay people and found out about the club an "Tada, Tada!"

Brian found a place where he could be accepted he said, amongst a group of gays.

(iv) His homosexuality

Although he was labelled fairly early as a "faggot," the roots of his sexual preference are in other factors. He described his beginnings as a homosexual, as an unconscious process. He related it to the fact that he became emotionally attached to sexual play with other boys and to the fact that he was "falling in love" with whomever was nice to him.

> It wasn't a conscious thing of being homosexual. It was just an attraction to.... I was, I guess, fooling around with guys when other guys were fooling around with girls, but at the same time a lot of guys were fooling around with guys....
>
> P: Meaning play or sexual or both?
>
> B: Sexual play, but sexual play rather rather than, I believe, any kind of emotional attachment to it. ....Whereas, I believe I was attaching emotionally. I was desperately falling in love all over the place....
>
> P: Crushes....
>
> B: Oh yah. I didn't limit my crushes to male or female. I just had crushes on all kinds of people - anybody who was nice to me, really!

Brian remembers feeling comfortable about his homosexuality, however few people around him were. He remembers

> ...feeling perfectly comfortable in what I wanted and was doing was o.k., but at the same time knowing the world didn't think so, first by instinct and then by example and then, I guess that's when I began to feel...that would set me apart even from the music and drama group, at least on the surface. I didn't know how many of them were gay. There were two or three that I know of today that are and possibly if we had been in high school today, with support within the counselling system of the school or with a gay youth group or whatever, but that didn't exist in the early seventies.

Some of Brian's first exposure to homosexual activity came through his involvement in music and drama. His music teacher was, in Brian's words, "an alcoholic pederast."

When he described his experience of leaving home, he indicated that he had a feeling of separation from his family. He never did tell them he was gay, himself.

> I didn't really ever tell them that I was gay. It came to light with the places that I was hanging out, downtown. Actually, one of my brother's [girl]friends was the first person who finally said, "Michael , Brian is gay." [She] finally told Michael 'cause she had gay friends.

After he "disappeared" from home, as indicated above he finally found a place of acceptance.

> ...I met some older people, waiters who were very glamourous. I thought they were very glamorous 'cause they went out to nightclubs after work and that sort of thing. And I started going out with them. ...these were gay guys; it was like...somewhere where I fit in..., somewhere...where nobody's

going to put me down because I am who I am.

He felt different, but now he was "...having it confirmed," and sanctioned. He indicated that he found his acceptance with the lower echelons of the gay community. His response to this acceptance however, was to set up within himself, a distinction between him and the others he hung out with.

B: ..., I enjoyed the drinking but it was the social interaction that was important then.

P: You found some place where you belonged?

B: Yah, and I gravitated, for one reason or another, to the lower echelons, the more desperate people, drug addicts and that sort of thing. What else are you going to do when you are fifteen, sixteen and...all the glamourous people had their own friends. They were all working, employed people with careers and all that sort of thing. So I hung with the other unemployed kids. I...hung with the others that would be like me - little bit lost, little bit lonely, little bit underemployed. ...in there was the drugs. In there [I became], even then, peripherally involved with drugs, because of course I'm hanging out with street people but identifying myself as being from the British Properties when all of them are from the Eastend Project - setting up a separation there, setting up a differentness and always wanting to be a part of something but always wanting to be a little bit aloof from it and having some part of me that was kept apart.

This, therefore was how he got into the drug scene, looking for a place to feel accepted, yet keeping himself distant from those with whom he was identifying.

These nine or ten years on drugs were described as years of fantasy.

(b) The fantasy

Brian story suggested two kinds of fantasies. The first kind, being and doing whatever he perceived necessary, was what he directly identified as fantasy.

> My behavior has for years and years and years depend[ed] on what was accepted or acceptable by whatever group I was with. I switched drugs in mid-stream if I was with a different group, go from heroin to speed - an awful jolt to the system - in mid-stream to be accepted. ...I would even go through not using or not drinking to be accepted by whomever I was with, and at the same time keeping a sense of being not really with them. I guess part of it was so many of the reasons that was accepted were artificial because we were doing the same substance, because we drank the same, because we were involved in the same activity, whatever the activity might be and there might be...a sense of acceptance. Anyway there's a general thread of that whole thing... even though, now talking to people from all these periods of my life, they were all accepting of me because of me.

The second fantasy, he only hints at above. It was simply the belief that "being different" was not acceptable. He described the development of this fantasy and how it blended into the first.

> I got an idea when I was very young that life as it was presented to me wasn't very interesting and I really didn't belong there. I saw a cartoon, wonderful cartoon, ...absolute squaller, a kitchen, with...the classic man in an undershirt with the beer...cans everywhere, dirty dishes piled everywhere, all in black and white. The mother with curlers hanging down and the torn housecoat and everything and...the only thing in color is a beautiful angelic little girl,

> sitting at the kitchen table, beautiful! And th mother is screaming at her, "Yes, it's true. You really are a princess, and you were left with us to take care of you and you better damn well get used to it.
>
> ...now alot of kids go through that, I think at some point; ...I know I did and I just ran with it, you know, really - "They left me here and they're, whoever they are, going to come and get me." When I was a little kid, it was fairy princesses and stuff. Got a little bit older and it was somebody from another planet. ....and then I got a little older and it was anybody at all. I was on drugs by then....

The first set of fantasies appear to be the result of the second. During the whole time he was on drugs, he was whomever and did whatever the situation demanded for acceptance, to feel like he belonged. Through this time he could be described as "the man with a thousand faces.

> P: ...so in many ways, through that whole time you were a man with a thousand faces.
>
> B: Yah, ...that is....the ability to con you...into letting me stay at your house for a month and...not having you feel abused, and con you out of all your money and all your food and everything. [That] is the ability to understand what you...are going to expect from me. [It] is the ability to be able to feel people out...

It is the ability he used to help him fit in with all sort of people. It also led to a "schizophrenic" sort of lifestyle.

> ...one day your...fixing out of the mud puddle on the street with a junkie and the next day, it's Christmas eve and you've surfaced to your parents' and you're [with] you're dad's business partners [at] home for a smart

> evening [which include the presence of] cabinet ministers - and feeling quite comfortable in both situations, at least being able to fit in and that pleases me.
>
> P: ..'cause you could...put on whatever role you needed...?
>
> B: Sure, it seemed that way!

He described going to jail a couple of times, again to fit in with another group, to be accepted.

> And then, for one reason or another, I wound up in jail a couple of times, nothing particularly dramatic - little things, shoplifting, prostitution, little stuff.
>
> ...I don't know how much of it was to support the habit and how much of it was tangible proof of affection and desirability. I think there was an element of both in there.

Then, as Brian related, there was "...doing different cities..." for a while. He hitch hiked to Montreal because some people who were nice to him returned there.

> ... did the number of, "I'm dissatisfied with here; it must be Vancouver," and the next day hitch hiking to Montreal, but that was only because some people from Montreal had been nice to me when they were visiting Vancouver. They had barely been back in Montreal two days and I was on their doorstep. It took them three months to get rid of me.
>
> ...that was interesting, different, exciting and fun because there was newness, but really it was the same thing.

Brian described one final example of this fantasy of "fitting in," - to fit with a group of gay fathers, he "...instantly had..." an ex-wife and children. Adding a humorous note, he commented, "...for a couple of years there on Father's Day, I was a basket case."

At the heart of his need to be someone else from moment to moment was a big understanding error.

> The biggest understanding error I've made in my life...was that I spent all my time comparing how I feel on the inside to how you look on the outside. And of course people who are wandering through the world don't generally wear their warts on the outside.

In other words Brian compared all the warts he saw on his inside with the wonderful exteriors he saw on persons around him. As a consequence, his fantasies were "...quite elaborate....

2. Other coping strategies

To deal with this discrepancy, the major coping strategy that Brian used was his fantasy. Related to the fantasy were coping skills which helped him be a "people pleaser." On the mild end of things, this involved the use of his acting skills to present himself in a manner in which he would be accepted. In the more extreme form, he indicated that he was "obsessed" with pleasing people to be accepted. This obsession took Brian to phenomenal limits just to fit in, just to be accepted. However, after reflecting on this a little further, after recovery, he identified a number of other coping mechanisms. These helped him please himself, for he also now considered himself to be a "me pleaser."

> ...for a long time I couldn't figure out, if I was such a people pleaser, why [was it] that...I ripped so many people off, that were friends and family.... It's because I'm a 'me gratifier,' you know, total personal gratification..., whatever it takes to make me happy at the time. If...I'm in the mood for [what] happens to be [accepted by] the the people around me, I can be the most charming, wonderful person to be

> around and everybody loves Brian. Now, six weeks later, with the same people, if what happens to please me is doing mega drugs, then I'll take all their money to get [them], you know.

Perhaps these coping strategies are necessary living on the street.

3. Negative feelings about himself

As is evident from the above sections, Brian made a number of comments which suggested serious negative feelings about himself. He had a "general feeling of dissatisfaction about himself," from a very early age. He said he somehow made a decision that he had nothing to offer anyone that was of any value. Finally, he saw himself as being different, which was definitely not satisfactory, while he was growing up. As a child he "hooked" his differentness on to the activities he was involved with; as a teenager, he ascribed it to his sexual orientation. He was comfortable with his homosexuality, but he knew no one else was, and he was longing to be accepted by "everybody else."

4. Closeness to grandparents

As is evident from the description of his reality, Brian had a special relationship with his paternal grandparents. They made themselves a part of his life. Unlike Mary, however, his grandparents were not the only ones from which he received support.

5. Leaving home early

As indicated in the above narrative, Brian left home at the age of fifteen. He described it as a "disappearance." His parents were not aware that he was leaving home. As far as they knew, he was going to a cast party. Before he left, he made two references to his home life. First of all, he had been grounded and secondly, he was the family's "pain in the ass." He did not say these were the reasons why he left; he simply left, found a place where "...no one was going to put [him] down for who [he] was." So he stayed.

6. Less than adequate school experience

Brian had a unique experience in school because he did not fit in there. He saw himself as being "quicker than most."

> [The] grade four teacher says, "For the next two months...in Social Studies, we are going...to learn about the Second World War, or whatever. We are going to learn about why this happened, and this happened and this happened," and Brian sticks up his hand and says well this happened because of this, this happened because of that. ...the teacher...phoned my mom and said, "Your kid just ruined two months worth of lesson plans."

For Brian, school was boring, so he "...would just sit there and go somewhere else." He would not do his work. He quit school not too long after failing grade eight. It was not that he could not do the work, he just found it dull. However, if the teachers were ever to say he couldn't do it, then Brian would get down to business.

> ...whenever a teacher would say, "Well Brian can't do this." And I'd say, "Oh no?!" and for the next term, I would attend class religiously and do all the reports and get straight A's and then I would say, "See, I can do it," and then I wouldn't go anymore.

At home, Brian and his brother were encouraged to ask, "why?" At home, they got a reasonable answer. At school, "...if the teacher couldn't come up with a reasonable reason for doing something, I wouldn't do it. 'Because I tell you to,' is not an acceptable reason." He commented that the school principal felt that Brian was one of those students for which the school system was not designed. There was not much they could do, because the school had to cater to the majority.

7. Loss

In discussing the questionnaires, which were a part of the original conception of the study, Brian felt that he could not relate to this "loss thing." His grandfathers died before he was born; his grandmothers and step-grandfather died, each in their nineties, when you expect them to die. Consequently he does not feel loss is a significant aspect. However, a symbolic loss was experienced with respect to the notion of being different which he attributed to being gay. In addition, he commented that there was not the support in the early seventies for young people who were gay that there is in the eighties. He feels that, if he had this, he may not have looked to a portion of the gay community that were addicts for acceptance. He felt a loss of support for his sexual orientation.

(Themes 8 to 12 were not indicated in Brian's lifestory.)

13. Perfectionism

Brian indicated that he felt he had to give perfect results on anything he did, or not do it at all. In addition, he had to be on top or not involved. He described two examples of this theme. As a figure skater he became the Juvenile Men's Champion for his area. He subsequently quit figure skating because he would then be at the bottom of the next higher level. In addition, he remembered that, while in school, he felt that "It was much better not to complete a project, or a report and to be considered lazy, than to complete it and not have it be perfect, and to be considered stupid."

Themes related to his understanding of his drug use

The path that lead Brian to drug use was the following:

(a) the perception that he was different because he did things that were different from other boys his age,

(b) the verbal abuse he received from his friends,

(c) feeling of dissatisfaction with himself,

(d) attributing his differentness to something he couldn't change, his interests and then his sexual preference,

(e) obsessive desire to feel acceptance, to feel he belonged,

(f) coming into contact with that portion of the gay community that used heroin.

Brian feels that the heart of it all is that he did not feel comfortable with himself. "[If] you can be comfortable with who and what you are [then] the rest of the world is likely to be too." When Brian began to feel comfortable with himself, he no longer needed to use drugs.

When I asked him "How much would you say that...[using] drugs are related to being gay?" he replied:

> In that the gay people I initially met were involved in substance abuse.... ...I believe that, had I met, because...I have been such a people pleaser, ...people who weren't [using drugs], I might have got into less serious trouble. ...I think I'm an obsessive person and whatever these people were into...I would have become obsessed with. ...it could have been religion.

P: Just to be accepted.

B: Yah.

For Brian therefore, the function of his drug use was to help him feel like he fit in, to help him feel accepted by the group he was with. If that is what gays did, then that is what Brian did.

Themes related to the understanding/meaning of his life

1. Making sense out of past pain

Through the experience of recovery, Brian too looked back on his life experience. He came to understand that his drug use was born out of a misperception of the unacceptability of his differentness, a misperception that he was not worthwhile and that he was not acceptable to others. He felt that he made the decision he was not acceptable, and the world responded.

> ...I really believe that it wasn't the outside world that laid that on me first. I believe I laid that on myself first and then the outside world reacted to that. ...I set situations up where they would confirm it.

Reflecting on his past experiences, he discovered that much of this was related to his "understanding error," comparing how he felt on the inside to how others looked on the outside. The result was a big discrepancy, which was not in his favour. He was therefore obsessed with minimizing this discrepancy through fantasy, and doing whatever the group was doing, including heroin. that way he may be acceptable. It never worked.

2. Present goals

In the past few years and at present, what has been important to Brian are: (a) being himself, (b) turning character defects into character strengths, (c) being successful at work, and (d) maintaining connectedness with his few close friends.

(a) Being himself

As discussed above, being himself is important to Brian, which is being a loner, being different. Through recovery he has come to see that it is acceptable to be different; in fact, he thinks it is "fun" not fitting into a category.

> And I still don't have a category I fit into. I still don't and it's fun now.
>
> P: You can almost describe your life as a loner.
>
> B: Yah, quite. I love people; I love spending time with people. I'm in a people business, but I'm not a part of a group.

In addition, he commented, "I'm very selfish and probably very much a loner. I like to reserve quite a bit of myself and it's really o.k.."

(b) Turning character defects into strengths.

Much of Brian's efforts in the past few years has been directed towards turning some of his past defects into strengths. One example is his ability to manipulate people.

> I really believe that any character attribute can be...[a deficit] or an asset. And that ability to con....is the ability to understand what you...are going to accept from me. Now the same ability to be able to feel people out is a tremendous asset, in being able to teach people and understand how something can be presented so...the person can understand.
>
> P: Speaking their language.
>
> B: Yah. ....the same character attribute that allowed me to fit in with all kinds of people allows me, in the

restaurant business or in sale, in the hotel business, to serve all kinds of people and have them comfortable with it.

> ...for the longest time, when I first came into [the A.A. and N.A.] and heard the program...people [say]..., "You have to change completely," I thought that that meant everything had to be thrown out, had to be replaced by all new stuff. And...I'm learning that...the character defects have to be turned into assets, which makes life a little simpler. It isn't quite so scary.

(c) Being successful at work

Another important goal of Brian, at this time is being successful at work. For him this means making good use of his skills.

> ...I think that there's something that God has taught me how to do, that I don't require continual assistance from him in order to to do them. He's given me a set of tools and as I get older and spend more time working on it, I get a better understanding of the use of those tools. And I think what my responsibility is to do is to use those tools to the best of my experience.

Another aspect of being successful for Brian is eliminating "failure" from his vocabulary.

> I'm getting the word failure out of my life. ...if things are honestly tried, their success...comes in having it work out as planned and having it not work out as planned. ...they both fall into success.
>
> P: ...so if you decide, well today I'm gonna try to become the Minister of Transport for the Federal Government and

you "failed" at that, that would be a success because then you realized, well "Hey, I was fooling myself."

B: Yah. ...Like going to this job, to be able to go into it with the attitude of "Well, I can give it a try, see if it works out, if it doesn't work out and I don't 'make it,' ...that's o.k...., it wasn't the right choice for today but we'll see what we can learn out of it. It's more fun that way. Failure is not a nice word.

(d) Maintaining connectedness with a few close friends

One of Brian's most important goals at present, is to maintain his close friends.

P: Looking back through all...these experiences when you were heavily involved in alcohol and other drugs...was there much that gave you meaning..., like what gave you purpose?

B: I guess, really the few friends. Friends are really important to me.

We discussed the possibility of an intimate and committed relationship in his life. He feels that if he never has a lover, that will be alright because he will always have his friends.

B: Yah, but at the same time, if [an intimate relationship] doesn't come along, then that's alright too.... I'm not concerned. I know I don't believe I'm concerned these days about being alone when I'm old, because I know I won't be.

P: You'll always have friends around you.

B: Yah, I'll always have...a support system and a lot of people around me. And that's important.

3. What is important in his life?

At this point in his life, Brian feels that his Christian values and being himself are most important to him right now. Inherent in his Christian values, as discussed above, is making good use of the gifts God has given him. His relationships with people are also important. They have affirmed him and helped him to see that he does have worthwhile gifts to offer.

Case Three: Mark: Shaking the image of a very successful father

Introduction

Mark is the youngest of three siblings in his family. He has two older sisters, Candice and Diane. (Mark's family genogram is presented in Figure 4.3, on the following page.) According to Mark, he grew in a family that followed "...the old British System: men don't cry, children are seen and not heard." He feels he grew up on "...very strong parental influence....," His father is a very successful retired cardiologist and Mark sees him as "very productive and very brilliant." He fills out this image of his father:

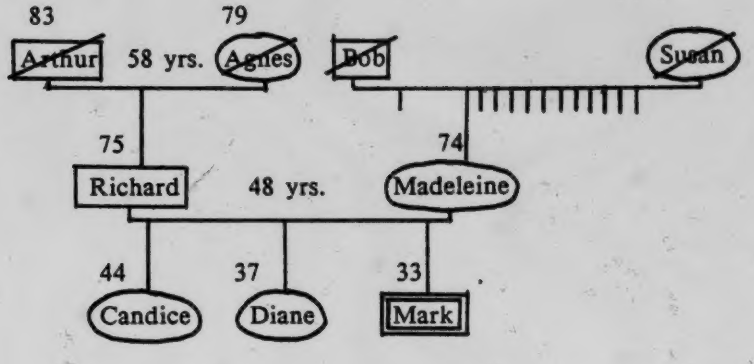
> My dad was an only child. He was prompted to excel in almost everything by his mother.... He was definitely told and understood that he was a very important person. He was told he was a good person. He believed it and I think in that way he was very healthy. He had the confidence to go through his medical school and to go through his music school. ...he did all kinds of things with that confidence, none which we've [he and his sisters] done yet anyways.

Regarding his mother, he commented that she did not work outside the home. She came from a family of fifteen children and Madeleine, Mark's mother, was the second oldest. Her father, as far as he remembered was an alcoholic.

Mark remarked that his parents,even to this day try to compete for his attention.

> When my parents and I get together, it seems that both of my parents are competing against one another to win me over to their way of thinking. ...they manipulate me to think worse if necessary... of the other person, so I will become closer to them. Now, when my dad comes out alone, we get along

Figure 4.3
Mark's Family Genogram


83
79
Arthur
58 yrs.
Agnes
Bob
Susan
75
74
Richard
48 yrs.
Madeleine
44
37
33
Candice
Diane
Mark

Notes:

Arthur: Died of heart failure in 1969.
Agnes: Died of Cancer in 1968.
Bob: Alcoholic; died of heart failure.
Susan: Died of Cancer.

Mark knew very little about his mother's family; he commented that not a lot was said about her side of the family.

> great. When my mother comes out, we get along great; when they both come out we are always fighting.

From Mark's point of view, both of his parents have a problem with alcohol. His father, Mark indicates, is willing to acknowledge his difficulty; his mother, however, will not talk about it. This difference forms the basis of part of the respect he has for his father.

> ...my mother is not a person to admit that she's ever wrong and I can't handle that.... I can't handle that in a person, whereas my dad, even though he has done great things and he was a great man in this way, he would be the first to say he screwed up and I thought that was great. I can relate to that; I can identify because that is all I'm ever doing.... That's what I thought back then. ...and so for him to admit his failures and to be open minded....

Regarding his sisters, Mark does not feel very close to them. He sees Diane, the middle child in the family, as "loner." He thinks that "She was more emotional and sensitive than the rest of us and consequently she was not understood,...." After she left home, she got a court order to keep her family away from her. She has recently however, begun coming back into the family.

With respect to Candice, he saw her as popular in school. She was the lead actress in high school plays. Because of a "confidence beating" at home however, "...she has lost that."

Mark did not feel he had a "normal" childhood. After recovery from his alcoholism, he remembers being quite angry about this. He thinks

> "...they wanted their children to be carbon copies of their wishes. I think they wanted their children to basically live out their dreams for them. ...that, whatever they wanted

> their children to be; they (their children) should be or they (his parents) must have made a mistake....

Sometimes he feels he missed out on the family life most people had. However, most of the time he looks at his parents with an understanding born out of his own experience with alcohol. They drank and that caused problems, but they would always put their problems aside when he was in the midst of his difficulties. Now that he has recovered, he feels they generally did a good job of raising him, otherwise he would not have turned out as he has.

> Yah, they did have the drinker brawls, the talking went behind your back. There were some definite abnormal things in that household which did have effects on us, but for the most part, they tried to live as good parents would. They obviously did a good job because I wouldn't have had it in me to turn out as I have. I wouldn't have the stuff. I would be too deranged. Like if I was out of it and I was drinking or I was in trouble and they were in the booze when it all happened, they quit drinking. ..., this was too important. They (had) to be on top of this and they had that ability. So, you know when you got sick or when the chips were down, or something happened, you knew they were going to pull out of it - very shortly, to help you out.

Like Mary however, Mark experienced much difficulty dealing with the reality of his family situation during his childhood and adolescence. Like Mary, he developed functional ways of coping in a dysfunctional family system. These served him well in his earlier years, however as he grew older, and moved away from home, he found it harder and harder to be himself and accept that he is not going to be successful like his father. If he was going to be successful, it was going to be as himself.

Themes related to Mark's memories

1. Reality/fantasy difficulties

From very early in his life, three things are clear in Mark's lifestpry, he is "put down" a lot, he does not feel good about himself, and he is very good with his hands. Being able to create things with his hands however, was not valued by his parents. Their goal for him was academia and hopefully medicine, like his father. The difficulty for Mark was that he was not good in school; he failed grade two. In reality, therefore, he was also a failure. To deal with this, from very early on he made use of his hands, his imagination, an his parents' alcohol to help him feel better.

His reality, therefore, consisted of his parent's "put downs," his low self-esteem, his use of his hands, his failure. His fantasy, on the other hand, was the ~~creation of~~ "alternate systems," where he could be the "hero of [his] dreams. These creations were facilitated by his imagination and the alcohol. The use of his hands was not seen as important, therefore, they and his creativity became involved in his fantasies.

Through it all, though, he feels he could distinguish between reality and fantasy.

> "...I don't feel, no matter what I've been through, I've ever lost touch with reality. ...I've always known..., 'Hey, this is garbage. I'm making this up and you're going to screw yourself around all the more, if you keep doing it." Even as a kid I knew that.

(a) The reality

(i) Parental put-downs and his low self-esteem

Mark was born a hyperactive child. One of the first events he shared with me was a memory of his mother's about his surprisingly fast development.

> I was a hyper curious kid. I was walking before the average kid walks. My mother tells me I broke through the wooden bars of my play pen to come out. Now, I think she is exaggerating. I really hope she is. I could see her doing that,.... I just walked into the kitchen and asked for something, and my aunt and my mom were sitting there...; she was very shocked and she said from that moment on all hell began because the terrible twos began at age one.... I was a hard kid to manage for any parents, very hyper. They thought, "We've got to do something; we have to treat this lad."

As a difficult child to manage, Mark remembers being told off "all the time." As a consequence, the first thing about his childhood that he remembers, as he says, "...I don't feel good about myself around age four or five because I am told off all the time and Mom and Dad are coming down on me...." He added that by the time he was six or seven he thought, "I'm the world's worst creation. I had a pretty lousy image of myself from as a kid around the age five, six, seven."

Mark shared a memory which he described as representative of his parents' "put-downs" when he got older.

> ...I remember one Christmas we went away from a party and all the people were saying to my mother and father, "Oh, what a beautiful son you have...." and my parents get home and my mother turns to me and says, "They all think you're great, but

I know what you're really like!" ...that sort of thing really blows your confidence outside with people, because... how did you do it if your mother says to you, ...they will think you're great. You are fooling all your friends and everybody else out there, but really you're no damn good." ...that's what she might as well have said to me.

He does remembers getting some praise, however "...it was easily ground out by all the bad things, and all the tongue lashings."

(ii) Using his hands

One of the most important aspects of his childhood was his ability to build things. As Mark puts it, "I was a very, very inventive and creative kid, as I view myself now. I don't think I gave myself the credit back then." This was probably the most positive aspect of his childhood.

> We would go to the lake each summer and the one thing I did, and I did it extensively, was play in the sand. I used to build highways and design all kinds of roads and stuff, as a little kid. I loved doing that. I would do it all of the time; I would do it from eight in the morning until I had to go to bed at night. You know, it was something I did with my hands and I saw my own work...coming alive as I made it, and I must say that my parents were impressed. That was positive for me. You know, how many kids [do] a major exchange on a four lane highway, with four leaf clovers and the bridges. ...I would go through the actual process [in building a bridge] that the contractors were going through in building it, so you'd move the road and you would deter it and you would build all this structure underneath it after you dug out the whole and then you would lay the sticks across and then I...would lay wet sand. I was only six you know...; that was

> bright for for a little kid that age, I must say.

If it was not the sand at the lake, it was his building blocks at home:

> I would say, through most of my years as a child..., (the things I enjoyed the most) was playing with my building blocks, building things with lego. I used to play with that for hours. I used to build things out of it and my parents were amazed at this because that's all I ever liked to do.

When Mark was seven years old, his parents put him on Benzedrine for his hyperactivity. Benzedrine is "speed."

> It made your mind race. It was like drinking ten cups of coffee and having that great concentrative ability without the variations that accompany caffeine.

With this medication, Mark's creations got even better. He used the Benzedrine to his advantage. His mother did not watch him take it. He therefore saved them and used them when he wanted to take advantage of their psychopharmacological effects.

> ...if I was planning something to build ...I would use this pill to get me going on it and I would stay at that thing until it was finished or I would stay out ...longer ...at night even.... I used to think it helped me concentrate and basically that is what I took them for and so I took them when I wanted to take them.

Much of his creativity after this was channelled into the creation of "alternate systems," which was a part of his fantasy life and his way to survive. In essence, his creativity went "underground" because

> ...[it] wasn't reinforced. What was reinforced was that, you have to be an academic; you have to be smart, like your dad. In other words, I have got to be as good as [my] father and he had a pretty high standard to beat. So that was my quest I think, to study at university later.

P: ...to be like your dad?

M: To be like my dad was my mission in life,.... My purpose in life [was] to even outdo my dad, in some capacity.

(iii) Mark's failure

From early on, Mark felt he had to prove himself - that he could be like his dad.

> Maybe I saw my dad with about 50 degrees behind his name and all the famous stuff behind his name and here am I, a wee infant and I'm his son and I've got to show him I'm a good... a very, very strong inclination to prove myself to my parents.

This was his quest; this was his parents' expectations for him. However, as Mark got older, he realized that he was failing at his mission in life. He described failing school as one of the most significant memories as a child.

> I think my teachers, or something, when they failed me the first time. I don't remember too much about it, but I remember the impact it had on me - which created a low self-image, eh? [Grade 2]. Yup, I couldn't fit in with the system - just didn't feel comfortable with it - couldn't relate to school. And I failed. Of course that reinforces a low self-image.... It just goes on, but I think that was one of the most memorable.

According to Mark, his parents saw his failure as their mistake; they did something wrong. He interpreted this as, thinking he was a mistake.

With continued drinking and increased failure the knowledge that he couldn't be like his dad "...was creeping in and facing me all the time...but I didn't want to believe it." Through it all, his parents fought and he fought with his parents. He related two incidents to me that were not captured on tape.

Once when Mark was twelve, his father gave him a spanking for drinking. He said he turned on his father, yelled at him, told him that he was gutless for punishing him (Mark) for something he could not get under control himself. He then did not talk to his father for weeks. The second incident occurred when Mark was about sixteen and ready to move out. The three of them had been drinking. His mother got angry and threw an ashtray at his father. Mark got angry and threw his mother down a flight of stairs. Shortly after that he moved out of home and quit school with a grade nine education.

Shortly after he left home, Mark came to realize he had problems. This occurred when he went to his first Alcoholics Anonymous meeting. As he listened to the stories of the members, he recognized himself; he identified with them. "...I knew deep down inside that I too was an alcoholic but I was only eighteen years old or nineteen years old and I wasn't prepared to do all that recognizing...." He indicated that this is when things started to go "black" for him.

> ...I guess things started going black for me when I realized I had all these problems, let alone...not fulfilling my requirements to be like my father. I wasn't even being a real person. So I started seeing myself as an abnormal person. A person that wasn't any good.... Basically, my self-image went down to drinking heavier. The drug abuse - the prescription drugs - got worse. I tried dope by then but I wasn't really interested because it didn't really do anything for me.

Some time after these realizations, he tried a couple of treatment programs for his alcoholism, to no avail. He left them and went back for retraining. Working on his own in retraining he finished his high school.

> I was quite amazed, as was everybody else that I could do this stuff, rather than (being) too busy failing every year. ...you see, on that system you work on your own. You are allowed sixteen weeks per year, but as I say, I did all three years in sixteen weeks.

By this time, his relationship with his parents became quite superficial because he realized he was not going to get any acceptance from them. He was twenty-one or twenty-two. As Mark put it,

> By this time, I was probably saying things they wanted to hear and just let it go. I realized that they would never accept me for where I was and that was hard to swallow but I had to realize that. ...I realized that you are not going to be able to even tell them anything.... That's just the way they are and that's the way they are going to be, so forget it. Just give them what they want and go. Basically, I've been that way ever since.

After getting his high school he thought that there may be some hope for him to impress his parents. "...I knew I had the ability. And with that, I took it to university and did my B.A. Degree...." in philosophy. He then started to think of other ways to meet his and his parents expectation.

> You know your parents think the world of the clergy... and that's up on a pedestal. I could now get into that. I don't have to take any mathematics and heavy duty stuff. I can

> breeze through the arts courses. That's basically what I did. Only problem was, the seminary people realized that I've got some problems to work out and alcohol had not been effectively dealt with at that stage... and stuff like that. So they said, "No."

This was another reminder of his failure. After getting over this setback, he came out west. For a while, things remained the same, he continued to daydream and drink alcohol. Shortly after he arrived in Edmonton, he lived out one of his fantasies, working as an insurance salesman.

During this time he went to his second Alcoholics Anonymous meeting and tried to dry out.

> I was really down again, but eventually I did get a grip on my alcohol, a few years ago and realized what it (was) doing to me. ...for some reason, [now] I don't have that kind of urge to deal with life that way.

Although Mark's difficulty with alcohol was under more control, he still tried to live his fantasies. They were strong for they had their origins in childhood.

(b) The fantasy

Mark feels that most of his childhood was lived in a fantasy "...because the realities I didn't accept. The reality as far as I was concerned [was] that I wasn't any good. So I had a place where I would retreat and I would be the hero of my dreams." Therefore, the fantasy helped him accept and feel good about himself. In his fantasies, he says,

> I could be myself ...in sort of symbolic psychology. See, if you can never really be yourself in front of somebody, then

> there is going to have to be a lot of things that [he can be himself] in front of. There are going to have to be a lot of things they don't know about you....they were a psychological necessity. To realize that I could exist outside my parents knowing me..., kids don't think in those terms. They are never conscious of that. So the person, the real me, could never be fully real in my own home when I was growing up and I imagine....

Mark's fantasy helped him deal with his anger at his parents and imagine he was successful like his father. The alcohol, discovered when he was six, made these fantasies even more colorful.

(i) Striking back

Mark indicated that his fantasies as a child were a way of striking back at the systems he was living with, school or parental; they provided a means for Mark to be deviant in a subversive way, in a way which he did not get caught. He feels that if your parents do not accept you,

> ...you fight. You become aggressive. You do stuff that is deviant and beyond the system, because you are lashing out at the system.... Whereas myself, I could always hide that so my lashing out at the system was always calculated. It was always done at a time where it wouldn't be noticed.

Mark described three of his projects which he completed between the ages of eight and twelve. Each of these projects were ways in which he went about "beating the system." He was a success at carrying out these projects, because not only did he meet the challenge of building them but also because his parents found out about them only well after he had moved to Edmonton; he "beat the system."

His parents had a large house with many crawl spaces and a subbasement. Mark made use of these areas to build secret rooms and passage ways. "...they were carpeted, lit and air conditioned in the summer. ...Matthew [his friend] helped me out." Another project he undertook was to build a small tunnel from the subbasement of the house to a shed half way down a valley out behind their back yard. It was a double tunnel and it had a pulley system to haul beer into the house. In addition, he made use of the clean out shoots in the fire place to sneak his beer.

Mark worked at these projects for hours and made use of his Benzedrine to keep him going until they were done. Occasionally, he worked through the night. He described the challenge.

> ...I loved building them. I loved doing things like that. I still have that mentality. ...the reason I built those things was the challenge it offered, especially when they put the pool in because I had to reroute the whole thing around it....

He explained that he hardly ever used the system. "It was the challenge of putting it in that got me going." When he did use them, beating his parent's system was the aim.

> ...my parents would get drunk. The fights would get quite bitter. The feelings would be hurt; we'd be upset; my sister would need a place to hide out - so that's where the secret rooms came in.

When his parents were about to sell the house, they phoned him. Mark told them where to find the rooms and the tunnel. They were shocked. Mark commented further on the whole notion of beating the system.

> I learned to beat the system and that's why I think in school it continued. I beat [my parents] system. Every system I

> would get into, I would find all the loopholes. It's an instinct. It's a survival instinct if it's anything, because you've got to know how to out smart them or you're going to get nabbed.

Beating the different systems, he said formed a lot of his personality. In the process of beating systems, he and his friend, Matthew, created one, which they called "Callais Madeleine." In essence, for Mark it was a way of laughing at his parents and his life at home. In the creation of this system, he found a way of laughing at his parents. Within this system, his parents were wardens and he and Matthew were prisoners. They called his parents by their first names. When something happened, like his mother chasing after him with a weeder, they would type the story up in little newspapers they made. The headline would read, "'Prisoner Stabbed to Death" or something or '...Speared by Weeder,'..." and Mark and Matthew would laugh their heads off.

As a result of this experience, to this day, Mark has a hard time calling his parents "Mom" and "Dad." He comments that what the creation of this system did was dehumanize his situation, to make it bearable.

> ...what it sort of conjures up in me is I keep them all at a safe distance... so what you can do is sort of dehumanize the problem right and then have fun with it, 'cause it didn't matter as much. ...it doesn't matter as much. The same process is probably used to train men to kill. ...you manipulate yourself to think that way or you see the humour in it.
>
> P: It's creating a new system.
>
> M: Yah, one which I could survive in.

Beating the system also occurred at school. For example, one thing he might do is type a note up the night before and pass it around the class. It would say something like "Why don't we get the teacher crying at 10:30...." He said, "I'd sit there; I was a real instigator.... I hated the system because I hated my parent's system...."

(ii) Daydreaming success like my father

As he became older, the fantasies became more in line with his "mission in life," to be successful, like his father. More specifically, as the reality of his failures at achieving this mission creeped into his consciousness, he began to fantasize the success.

After he finished his high school, he went on to university to do a bachelor of arts degree. He achieved some success so there may still have been some hope of fulfilling his mission. At the university he got into being "intellectual."

> You know it's neat to impress people, [and] that's what I was doing intellectualism was impressing and it does have a place and I don't regret taking it, but that's what I needed it for was to sound real important and to sound like I knew it all.

As noted in the section on Mark's reality, the daydreaming of success continued until he came out to Edmonton. He had imagined himself as a priest. He tried to become one, but the religious order to which he applied, refused him because of his alcoholism. When he came out to Edmonton, he worked as an insurance salesman and was involved with another order of priests.

While working as an insurance salesman, he had a closet full of suits, which he feels were there to impress people and to help him feel like he was fulfilling his fantasy.

(iii) The alcohol

Mark discovered alcohol as a means of feeling better about himself at the age of six.

> I remember feeling this way as a kid. That's when I took the first drink of my dad's beer, I think. ...I got up early one morning, ...went behind the curtains of my old house, and I drank part of it, enough to make me feel the effects of alcohol.... I remember, I thought this was really neat. ...I don't remember anything around that...time, but that is one thing..., I liked alcohol right from the start.

Mark remembers always drinking to a level where he could accept himself, and that was usually where he was drunk. As he grew older, the alcohol continued to help him feel better about himself, however it helped him hide from the the reality of his failure. It helped him "dream in color." Throughout his growing up years, his alcohol was an extension of his fantasy. Mark summarized the drinking experience in this way.

> I think alcoholism started for me as an extension of the...fantasizing. I would be the hero of my actions. Whatever the daydream would be, I would be the hero of that. ...and then you alter your state of reality, you alter your state of consciousness in certain ways and those dreams become very real. All the more so and you really, really get involved with them.... You go through the emotions of feeling proud and excited and happy. I did that all through my life. ...so, when I realized, hey I don't have to sit here and daydream, I can do it in color. ...(that) was... sort of the attitude I had.... ...that's when I discovered alcohol and other mood elevators,... because there's nothing to get elevated over without them. It's only fantasy that makes life

> worth living.... That's sort of the way I lived.

(iv) Facing the fantasy and the reality

After a number of years in Edmonton, and after a couple of years of sobriety the truth of his fantasy was exposed in a moment of ecstasy. This occurred while he was fixing a friend's sewage pipes; he was wearing his suit. He was using his hands; he was happy. This was a contradiction.

> I think the truth came out when I was at [a friend's place for dinner]. ... [their] plumbing screwed up.... Low and behold,... I'm in there, with my green suit on, ...and the guk was coming down all over me.... I was happier than hell.... ...I got right into it and forgot. In other words, I lost myself. I lost the image I was trying to portray.... I did something I loved to do and that was to work with my hands and fix something.... In so doing, it ruined the image; it ruined my suit. So that is sort of the imagery I've got.

Mark feels that in this experience his fantasy, the image he was trying to portrayed, was destroyed. In addition, it was destroyed while doing something he loved, working with his hands. "...that's where I started to recognize me. "I'm missing the boat here. I don't need to wear three piece suits anymore," and that was the end of them. (Wearing the suit)..." That was the end of the suits. A few months later, he lost his job at the insurance company and "...went to work for the school board and just pushed the broom and [did] maintenance jobs."

His fantasy was exposed and rendered irrelevant in his life. He then worked on becoming a success in his own way, using his hands. As a child, he used his hands to help create his fantasy; as an adult, he is now using them to live in reality.

2. Other coping strategies

Mark developed a number of different coping strategies to deal with the dysfunctional patterns of interactive family behaviours and experiences. These were discussed above because of their association with his fantasy, his main coping mechanism. His other coping strategies included, dealing with his frustration, pretending to be successful like his father, and anger by beating and striking back at the system, dehumanizing the situation and the alcohol. These coping strategies appear to be used together to meet his needs as he was growing up.

3. Negative feelings about himself

Mark identified his low self-esteem as the core of his difficulties, and the root behind his perceived need to fantasize and to drink. He identified two aspects of his experiences which contributed to his low self-esteem, his parents coming down on him "all the time," as a young child, and the growing realization that he was a failure in his life goal. Until he could see that who and what he was, was acceptable he could not accept himself. He is not an intellectual, he is a man who loves to work with his hands. The realization that this was o.k., probably came about gradually, however, he described the turning point in his behavior, as the instant the image he was trying to portray was soiled by sewage. In this instant he was doing something he loved - working with his hands.

4. Closeness to his grandfather

Interrupting the difficult experiences at home he remembers living with his paternal grandfather for a little less than a year. From his perspective, this was probably the most positive of his memories from his earlier years. He was thirteen or fourteen at the time. His grandfather taught him to use his hands, told him that he was worthwhile, and how to deal with Mark's parents.

> My grandfather taught me further how to work with tools and to use my hands, which gave me a new confidence I never had. My grandfather also told me I am a good person and shouldn't let... my parents put me down. He taught me to argue and to stand up for myself.

Before this move, his paternal grandmother died. At the end of the stay his grandfather died. He did not remember being overly grief stricken, because he understood that he missed his wife. He was old; it was time for him to die. He remembers them as people he could talk to.

> I missed them. There was a sadness in the air, but I understood too that maybe I didn't allow myself to feel, I don't know, but it wasn't a drastic thing. ...I was more close to my grandfather than my grandmother, yet you could always go to my grandmother and talk to her. She was a very open-minded woman.... She would accept anything and not come down on you.

Mark further described the significance of this time for him, in terms of the use of his hands.

> My grandfather taught me I would say, the foundations of what I know and use my hands. ...he always encouraged me and showed me how to do things. ...it was really neat to see something that I made come together. ...it was really a new experience for me, because nothing in my life had worked out as well,.... He meant a lot to me.

Regarding his grandfather's reaction to his drinking, Mark commented,

> ...my grandfather couldn't understand why I would want to drink. He nabbed me downstairs drinking the odd beer, but he didn't punish me or say cruel words to me. He couldn't fathom why I would like to do that. You know, he was completely mystified....

It is evident that from his grandfather, Mark received affirmation for the gifts that he possessed and enjoyed using. It also appeared important to Mark that he did not punish him for his drinking. In addition, Mark felt that he got from his grandfather what he did not get from his parents - acceptance of himself. This however did not appear to be enough; he needed it from his parents.

5. Leaving home early

It appears from Mark's story that, like Mary, Mark left home not because it was the transition anticipated by himself, his parents, and society. Mark left, not because he was kicked out though, but because for him it was time to leave. It was time because he saw his home life as unhealthy. He saw that his style of life was different than that of his parents' style. He was not happy and he did not believe in his parents. It was time, but not because he was ready to enter the young adult phase of his life, pursue a career and a vocation (marriage or the priesthood). It was time because home was not a good place to be.

> I left home I guess when I was sixteen or seventeen and that was time for me. I didn't believe what they told me. I didn't believe in them. It wasn't healthy. I wasn't happy there.

6. Less than adequate school experience

Mark's school experience was inadequate because the way he sees it today, he did not fit the system. While he was going through it however, he thought that there is something wrong with him.

> (School) was a system and the system, since it was already established, and firmly established and accepted (by) society, as a kid, I never questioned the system. (It) couldn't be wrong. It was me that was wrong.... After I graduated from university, ...I realized that not everybody has to fit the system.

One of Mark's memories from school involved a teacher who recognized his uniqueness and allowed him to work according to his own style of learning. In order for him to learn, he feels he needs to work on his own, see the personal relevance of the material, and see changes. Today, he feels the school system did not recognize his unique style of learning. Feeling a failure at school, he dropped out in grade eight.

He feels he was successful in retraining and at university because he was able to work on his own.

7. Loss

Mark does not describe the experience of loss as a significant factor in his life, at least not until later on in his life, and these were more symbolic losses. The deaths of his grandparents were taken in stride, because they were more or less expected. They were old; it was time to die.

With respect to the lack of parental acceptance, Mark's feelings reflect that that he experienced this as a loss.

> I realized that they would never accept me for where I was at

> and that was hard to swallow , but I had to realize that.... ...I realized that [I am] not going to be able to ever tell them anything...that's the way they are and that's the way they are going to be, so forget it.... I resist the subtle recognition that they don't know who I am and they really don't want to.

Mark feels he stopped fighting for his parents' acceptance and approval after his experience fixing his friends' plumbing problems in his green three piece suit.

In another place, Mark expressed that for a good year and a half after leaving his dreams behind, he felt angry at his past, that he did not have a "upbringing everyone else did." He describes it as hard to accept.

> I was angry at my past. I was angry that, why didn't I get the upbringing that everybody else did?
>
> P: Were you angry at your mom and dad...?
>
> M: Sometimes I was; sometimes I wasn't, but I realized, it doesn't matter; it doesn't pay to be angry at them. This is the deck I've been dealt and I have to deal with it, and I kind of wish it was dealt a little better at times. But now, even that I'm learning to accept. You know, it's a truth recognition, because I am not on drugs or anything. It's a...recognition that things just weren't that great for me and it doesn't matter whose fault it is; it's just that fact and it's very hard to accept.

8. Parental alcohol use

As has been described, Mark saw his dad as an alcoholic and his mother as a woman with a drinking problem. From his perspective, these factors contributed significantly to the emotional maltreatment.

9. Poor parenting skills of his parents

Mark's experienced the poor parenting skills of his parents in three ways. Their example of the alcohol use, their "put downs," and the expectation that he should be a "carbon copy of their wishes."

Now that he has come to terms with the loss of his parents support and has maintained sobriety long enough to look at his life, he knows that his parents do not know him and that they do not want to. His present understanding of their skills comes from his personal experience with alcohol. He feels that the alcohol would keep them from having a good relationship with their children.

In addition, he remembers that most of the time his parents came down on him strongly, or most of their fights were when either they or all three of them were under the influence of alcohol.

10. Parental favouritism

In spite of all the fighting and emotional abuse, Mark remembers being the one who was favoured.

> ...it's a hell of a thing to say but it's true. I mean more to my parents than both my sisters because maybe I was the boy.... I don't know why, but at any rate they sure lavish a lot more attention and love than I think my sisters got. ...they loved me very deeply, I knew that, and that's what gave me a healthy ground in everything I knew when the chips were down, no matter what, I could come home and they would help me. They would never throw me out.

11. Parent's marital difficulties

Mark did not say much about this theme, however he did say that they fought a lot when they were drunk. In addition, he suggested that they had difficulties, when he commented that they each tried to win his support against the other.

(Theme number 12 not indicated in Mark's lifestory.)

12. Perfectionism

Mark's perfectionism manifested itself in what he calls "extremism." He feels his perfectionism is related to his parental influence with respect to the expectation to be like his father. In this excerpt, he explains the extremism in his Catholic faith.

> Whatever I did in life it had to be everything or nothing. So [that's] the way I came to view religion....I knew that...the only way to be happy in life is through your religion, through your belief in God and "all or nothing" again comes in. ...instead of just being religious, pursuing my Catholic [faith], I had had to be a priest. I couldn't [just] be a Catholic, I had to be a priest.

He couldn't settle on "just' being a priest either.

> ...I had to be Thomas Merton, I mean what the hell. That's where my spirituality is and it can't be any lower; it's unacceptable to me.

15. Achievement Motivation

Mark suggests that he was a young man driven. He could not settle for anything less than the paragon of success and his prosperity had to be something that would be "success" in the eyes of his father. Mark had a very strong, almost obsessive motivation to achieve. He had to achieve wonders, or he would be a failure.

Themes related to his understanding of his alcoholism

Drinking alcohol, for Mark had four main functions: (a) to feel good about himself, (b) an extension of the fantasies, (c) to "come down" in the evening from the Benzedrine and (d) postponing the facing of the reality that he was a failure. This latter one comes across more as a symbolic function of the alcohol. One secondary theme was alluded to and that is, (e) bringing parents together to focus on his alcoholism and away from theirs. This theme was not identified by Mark as significant, however, its potential significance comes from family systems theory.

1. to feel good about himself

From the first memory Mark described, his alcohol use was associated with feeling better about himself. Mark describes it in this way:

> ...I drank to get to a level where I could accept myself...that [was] usually at a level where I am drunk and where I [was] out of control.

In another place Mark refers to his drinking as his "security blanket."

2. An extension of the fantasies

As discussed earlier, the fantasies were created out of a psychological need to have a place where Mark could be the hero of his dreams, where he could feel good about himself. He saw his alcohol use as an extension of his fantasy, an extension of his need to feel good about himself. He commented that alcohol let him dream in color. Drinking alcohol made his fantasies of success all the more "real."

Until his reality was something to get excited about, maybe he needed to dream.

(c) To "come down" from the Benzedrine in the evening

Mark remembers that very early on in his drinking he manipulated the psychopharmacological properties of the Benzedrine and the alcohol, and later, sedatives as well. He calls it the "Judy Garland Complex."

> ...I would have something, in other words, to wake up in the morning and help me concentrate and that would be the speed [Benzedrine] and something to cancel that effect out in the evening when I came home from school.

His sister introduced him to sedatives when he was about ten years of age. He then used these to "come down" in the evening.

(d) Postponing the facing of the reality of his failure

When he left home, the alcohol took on a more symbolic function. He no longer needed it to come down off Benzedrine, however he still needed it to escape from the reality of failure, to deal with his low self-esteem in his fantasy. When he attended his first Alcoholics Anonymous meeting, he stated, as we saw earlier, that his "drinking career was ruined" because he identified with those alcoholics. He knew he was one of them. Things started going black for him then for two reasons, he "still wanted to have some fun" and he did not want to face his reality yet.

(e) . Bringing his parents together to focus on his alcoholism and away from theirs.

Mark commented that whenever he got into trouble, his parents would stop drinking and come to his aid. "...you know when...something happened, you knew they were going to pull out of it - very shortly, to help you out." From the perspective of family systems theory this would be an indicator of triangulation.

Themes related to Mark's understanding/meaning of his life

1. Making sense out of his past pain

Through Mark's experience in Alcoholics Anonymous, he too looked back over his life and put things into perspective. He now understands that his past pain stems from his low self-esteem and motivation towards his "mission in life," his purpose and raison d'etre - to be successful like his "mammoth" father. His failure at this mission led to the fantasy life where he was the "hero of his dreams." He discovered alcohol as a means of feeling good about himself and as a means of making the fantasy more enjoyable.

His failure was difficult to face and he could only face it when he saw the use of his hands as acceptable. That came only a few years ago. The image of his three piece suit being soiled while he "lost himself" was something of a conversion experience for him.

2. Present goals in life today

Mark's present goals for himself to date, relate to simply being himself. Being "himself" has four components, (i) recognizing and accepting his limitations, (ii) sorting out reality from the fantasy, (iii) dealing with pain in his life directly and (iv) dealing with success as himself. Another goal of his is to live in moderation.

(a) Recognizing and accepting his limitations

In the past his self-esteem depended on him being like his father and this meant presenting himself better than he was. Today, being "Mark" involves recognizing and accepting his limitations.

> I am... aware that I can talk about my limitations and people can just take them where I am at, because I am a good person. I'm just like everyone else, you know and... with that recognition in the heart, ...

This appears to be related to that aspect of his father which he respects, his ability to admit failure.

(b) Sorting out reality from fantasy

According to Mark, another part of being himself at this time in his life is sorting out his reality from his fantasy. This involves the understanding that in the past reality meant failure. What he wants to do is be himself, and this means turning what was part of his fantasy (the use of his hands), into reality and that has been scary.

> ...I am still sorting out the fantasies from the realities. Like that is why I took one hell of a time to make the decision to go into business for myself, because I wasn't sure. I'd lost such spunk, over the year's because everything in reality was failure. So if I turned my dream of woodworking into reality, I would fail at it and I had to overcome that. ...I'm still scared about everything else, because this is something that I've dreamed all my life.... I am also confident in the facts that led me to decide this. I've been happiest when I work with my hands.

(c) Dealing with pain directly in his life

Part of being himself, in Mark's mind also means accepting the reality of pain in his life. This became very real to him when a very special relationship of his ended. (after he had been off alcohol for a couple of years)

> [When]...I broke up with Aurillia.... I was all upset and crying and I got all worked up at work by myself.... I didn't want to think about it and it would come back into my head and I'd feel shitty again.... I would try to think of something else or go and do something else...or just look forward to smoking dope when I got off work, or something like that. ...one night I remember, I sat down and I said, "I'm going to face this," which was really scary. So I cried, so I get upset and I went through it and it was tough. It was hard but it was very cleansing 'cause it didn't bother me again. And I never realized that you can resolve ...that was a coping skill that I had to learn.

(d) Dealing with success as himself

Finally, working with wood - creating things with his own hands has been very significant. This is who he is. Success as himself is a new experience for him.

> I've (been) developing something now that has totally changed my self-concept; I would say...as I became more confident, knowing I can build furniture.... I've become more confident in myself ...to show that, as the success added up, my confidence adds up, as soon as I can integrate those successes. Sometimes it's hard. I'm not used to it. Being a success is a novelty to me. Too much of it; I get very uncomfortable, because I'm not on familiar territory and the

> insecurities go up. Usually, I think, that's probably what answers the visions of making the bottom fall out. You know..., you're more secure when you're drunk and down and screwed up and things are not going right, that (you are) when things are going right.

(e) Moderation

One final theme of importance to Mark in his current day to day living, is moderation. He discussed this in terms of his faith.

> I go to church but...I don't make it the "be-all and the end-all" anymore, because for me that stuff isn't...nearly as, I guess, significant as other things are now in life. ...I realize my cries to religion and my extremities with religion were more or less conforming to the extremities of my personality and my insecurities and me trying to make it all up in one day, sort of thing. ...I always [keep] it [in] some moderation, but basically I think that God looks after those who look after themselves to the best of their ability. Where our ability ends, then we place our faith in God. ....I guess, I don't know, maybe I'm swinging back you see, from one extreme to the other and maybe I'm coming out of the middle.

3. What is important in life?

Two things appear to be most important in Mark's life today. These are helping others out as best he can and working for himself, with his hands. In our last meeting, Mark's thinking on his religion had changed somewhat further. Practicing religion for him was more related to his ability to help other people out with his talents than to going to church. Making something with his own hands and have his "customer" appreciate it, is very important to him.

As I reflected on Mark's life, the use of his hands stood out as being extremely important to him. He gave me the tour of his workshop with pride and his eyes lit up when he spoke about his projects.

> ...It's funny, ...the things that I truly love, (...which was building) I always knew...was...healthy.... It was o.k.; it was good. It was very fortunate that I found that as a therapy.... I don't know what I would have done if I didn't have that outlet to express myself.... At least I could appreciate the work I did.... I'm lucky I had that...; ...it was the only bit of reality that got me through the things back then. It would make sense that I would want to do it for a living.

Case Four: Sarah: "I don't want to think about it"

Introduction

Sarah grew up in the Edmonton area. She has one brother, Bobby, who is about one and a half years younger than her. Shortly after Bobby was born, her father went to prison for rape and their mother divorced him. She has only recently begun to see him on occasion within the past year.

As noted in the last chapter, Sarah was legally separated at the beginning of the study and divorced at the end of it. She has a five year old son, Billy. He is the son of a man she was going our with before she met her ex-husband, Bill. At the time of the interviews, she was pregnant for her third time. Her second pregnancy occurred a year previously, however, she lost the twins she was carrying during a beating from Bill. Subsequently, Bill was convicted of assault and placed on probation, with a restraining order to keep him away from Sarah. However, he was maintaining an "official" address but living with Sarah, up until a week before the last interview with her. During that week, he assaulted her again. She was hospitalized for a couple of days and the baby managed to survive. She felt that losing the twins was the event she wanted to forget the most.

The day before the last interview Sarah received her divorce. The day after our last interview she was to enter a treatment group for battered women, through a social worker she had been seeing.

For the first few years after her father left, she lived with her maternal grandparents and she left home at the age of fourteen therefore, while growing up she spent a total of nine years in her mother's home. (See Figure 4.4, on the following page, for Sarah's family genogram.) A significant aspect of her mother's home was the number of stepfathers Sarah had. At the age of five, she moved home with her mother and her first stepfather Tim. Of all her stepfathers, she feels she was the closest to him. He and Sarah's divorced after about five years of marriage. For ten years after that, her mother had a common-law relationship with Leroy and then a two year common-law relationship with Jim. At present, her mother has been married to Mark for less than a year. Leroy and Jim were "alcoholics" and Tim and Mark were non-drinkers. Regarding her stepfathers, she comments,

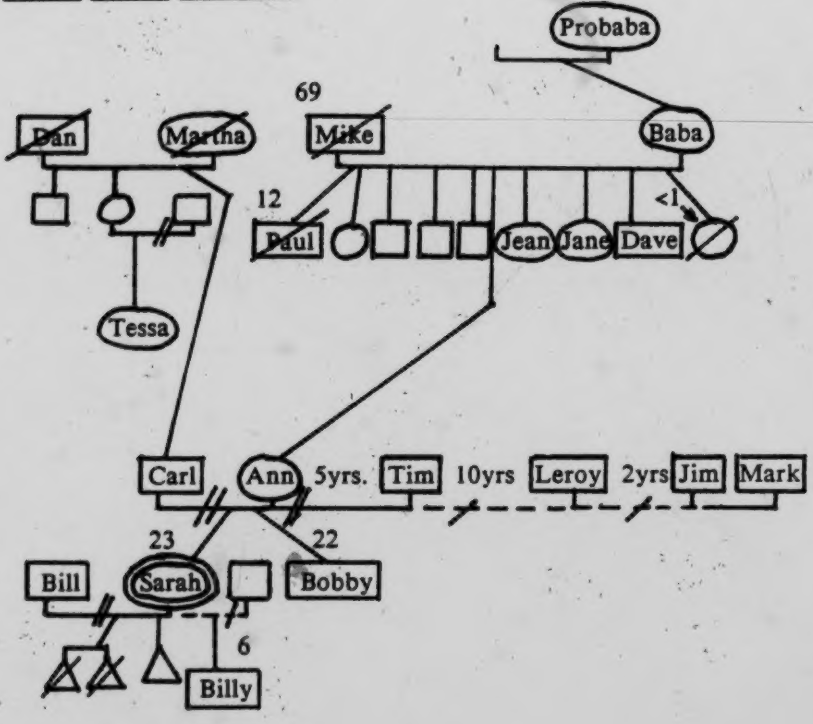
> I never really got along really well with any of them.... [except Tim] Tim was around with when we were younger, like we were more dependent on him. Leroy, he had lots of money and he used his money. And it's like, he'd come into town and he'd give me and my brother all the money we wanted just to get us out of the house for the week he was in and Jim, I used to hate him. And then...well Mark, I don't really know Mark. He's just Mark.

Regarding Leroy, she commented, "Leroy was a really bad drinker. ...He'd come home and they'd be drunk for a week straight."

With respect to her mother, Sarah related that she was an alcoholic. "As far back as I can remember, my mom drank a lot." In addition, Sarah indicated that she often did not get along with her and that she did not take interest in the activities of her and her brother. Finally, she commented that her mother was "...really slap happy when we were young, really bad," which means that "...if she didn't like something [you did] you had a cuff on the back of the head or I got my hair pulled."

While Sarah was growing up many people came in and out of her life. First of all it was her stepfathers. Secondly, her brother went to a foster home as a child. He then went to a detention home and at the age of sixteen he went to prison. He has been in and out of prison for various crimes since then. In addition, a few of their cousins came to live with them. These were the children of her father's sister. This created some difficulties for both Sarah and Bobby, because of one of their cousin's stealing.

Figure 4.4
Sarah's Family Genogram


Probaba
69
Dan
Martha
Mike
Baba
12
Paul
Jean
Jane
Dave
<1
Tessa
Carl
Ann
5yrs.
Tim
10yrs
Leroy
2yrs
Jim
Mark
23
22
Bill
Sarah
Bobby
6
Billy

Notes:

Dan: Died of a "nervous breakdown;" could not cope anymore.
Martha: Died of "old age."
Mike: Alcoholic; Died in a Motor Vehicle Accident in 1982.
Paul: Died of pneumonia at the age of 12, within a year of his infant sister.
Tessa: "Bad Apple;" Lived with Sarah's family for a few years.
Bobby: In and out of detention homes and prisons.
Jane: Sarah's Godmother.
Dave: An alcoholic; involved in the car accident which killed his father.
Jean: A recovered alcoholic.
Sarah: Married to Bill for 1.5 years.

Since Sarah left home, she has been involved with drugs, the law, and violence at different times.

Regarding her mother's family of origin, she came from a family of eleven children. Sarah called her grandparents, "Gido" and "Baba." She feels that although she could talk with both of them, she has been closest to her "Gido." He was killed in a motor vehicle accident when Sandra was nineteen. Sarah described her grand parents' relationship in this way:

> ...he wasn't religious. Like my grandmother had her ways and he had his ways. ...like Baba would go to church on Sunday and Gido would sit down and drink a twenty-six and...they were happy. Like it's not often you would see them [fighting]. ...when Gido would start [drinking], she would notice that [he] was drinking too much, she'd take a straight shot of rye and drink it and then Gido would notice and slow down. ...instead of fighting that's what they did.

There were two aspects of Gido, that Sarah shared as significant, his youthfulness and his fondness of her and her son.

Regarding her mother's ten brothers and sisters, Sarah reported that their life experiences involved the deaths of the oldest and the youngest, and the use of alcohol. Her youngest uncle was involved in the car accident that killed her grandfather. In addition, Sarah has been fairly close to her Aunt Jane, who is her godmother. She indicated that the aunt is a recovering alcoholic, but nearly died from drinking before she quit.

On this side of the family, Sarah has a great-grandmother, whom she calls "Probaba" She describes her as religious and suggested that religion has gradually disappeared through the generations of daughters.

> ...she doesn't like the idea that my mother was divorced from...the Greek Orthodox Church and [that] I had a child out

> of wedlock, so that didn't go over well. ...she's an old Ukrainian woman. [My mother was] divorced...from the Greek Catholic Church, from my father and then she met John and she got divorced again. [That] doesn't go over well with my family. Like, my grandmother's the type, she goes to church every Sunday - doesn't miss a Sunday - and my great grandmother's in church everyday. To me..., I don't like that kind [of religion]; like...I call myself atheist. Like, I'm Catholic but I don't really believe in it; I don't push it.

Sarah's father's family was much smaller. His parents had four children. She did not know this family well, partly because her father was not around and partly because, after her paternal grandfather died, he and her brother were forbidden to see them by their mother. She did not say much about the family except that "...that whole family, in plain English is totally fucked - ...really bad!" Her grandfather died, she says, because "...he couldn't cope anymore and ...it was more or less like, his wish to die," because "...his kids were really hard on him...." In addition, she said that her mother was fond of him. Her grandmother died three years ago of "old age;" her mother would not let Sarah go to the funeral.

Themes related to the kinds of family, childhood and adolescent experiences

Sarah told her story much like the psychoanalyst's patient's free associations. One memory would stimulate another, which would stimulate another, and so on. Consequently, it did not follow a chronological order. In addition, she did not have any unifying themes to link events because it appears she has not taken the time to reflect on her life and put her experiences into perspective.

The most significant themes from Sarah's childhood and adolescence appear to be the reality of her relationships, with her mother, her stepfathers and her brother. The pain of her reality reflects the themes of loss, parental substance abuse, maltreatment, favouritism toward her brother. The way she coped with the pain is through the drugs, closeness with her grandfather (Gido), leaving home early and working to support herself. Overall, she felt that growing up on the street was most significant for her in her development. In addition, her school experience was dwelt on extensively. Through her school years, what appears to have been important were her friends and her drugs. She did not explicitly identify many of these themes as significant, however many of the events shared, appeared to indicate significance.

1. Reality/fantasy difficulties

Sarah has had some painful experiences. However, she did not seem to be as aware of the extensiveness of her hurt in some of the experiences (assuming that hurt should be there), possibly due to the fact that she tries not to face it. The difficult experiences included instability in relationships, with significant persons coming in and out of her life. She also indicates that school was intolerable when she was "straight." Except for school, the use of drugs to cope, to ease the pain and to forget only becomes clear in the later part of her adolescence. Her fantasy appears to be the belief that she cannot live without her drugs.

(a) Her reality

(i) Early experiences

Sarah's memories of early childhood experiences center around her relationships with family members and certain events which stand out in her mind. Two of her earliest memories are from the first five years of her life. As described in the introduction, Sarah and her brother lived with her maternal grandparents from shortly after Bobby's birth until she was about five, when her mother moved in with moved in with Tim. Living with her grandparents was described as a happy time.

One of her memories reflected the beginnings of her closeness to her Aunt Jane. Sarah remembered going to school with her on a track and field day. In addition, while living at her grandmothers she remembered taking part in different activities on their farm, including weeding the garden for Baba, "...riding cows, riding pigs, teasing the bulls [and] shooting gophers." Because they played with their aunt and uncle, "...me and my brother did a lot of things...that [older] kids did...."

Shortly after she moved back home with her mother and John, Sarah related two memories which reflect the enjoyable nature of her life while Tim was in their life. The first was her baptism and the second was a trucking trip to Winnipeg with her stepfather. With respect to her baptism, she commented that it was "...really special to me.... I was five years old when I got baptised and it was a really big event, 'cause I was older and I understood what was going on." All the significant people in her life were there.

A few years later, Sarah received a horse for her eighth birthday. She indicated that the two significant aspects of this experience was the importance the horse had for her and her Aunt Jane's generosity. Jane, as noted in the introduction, was her Godmother. Through her memory of receiving her horse, Sarah remembered that Jane took her role as godmother seriously.

> ...when I...got my horse...I couldn't get a saddle or anything for it. She went out and she bought me my saddle and my bridal and stuff like that. ...like at that time that cost her a fair amount of money. ...she was working part-time and going to school and she put all her savings into it and got it for me. ...and that was special right, 'cause she got the kind that I wanted,... [with] the velvet seating on the saddle and stuff and I got it all. Like my bridal alone [was] worth a hundred and forty dollars Like it was, I used my horse for

show a lot and...spent a lot of time with her.

Not long after getting her horse, Tim left her mother and her. Sarah felt that her mother took this hard. For a few weeks, she and Bobby saw her rarely. She gave the impression, that when her mother was not working she was drinking. Sarah then described the significance of this event for herself.

> At that time, towards Tim I was, I really hated him because I thought that he was doing it to be mean, or stuff like that, right. ...Mom filled us with...a lot of things about him, hey. And then I found out they were different after, 'cause years later I had gotten a hold of Tim and...I talked to him and stuff like that and met his new family...and like, ...it was nothing of what Mom said.

After Tim left, it appears that Sarah's life changed. That same year she received serious injuries in a car accident. In addition, she suggested that her mother took less and less interest in her and her brother's lives.

(ii) Introduction to drugs

Sarah indicated that after the car accident she was hospitalised for a long period of time. She cited this as the beginning of her experiences with drugs.

> ...I was taking a lot of pain killers in the hospital then. ...I took them for about a year and a half in the hospital and then...I quit and I didn't get anymore pain killers and stuff and...I remember...I used to feel good when I took these pills. Then I just started taking them again [when]...I found out I could buy them on the street and I always always had money. So I used to buy them and take them. Like you can get

> Furinol and...stuff like that on the street and that's mostly what I took....

Not only could she get them on the street, she could get them from her physician and dentists because of the long term effects of her injuries.

(iii) The relationship between Sarah and Bobby

Partly because their mother's drinking after Tim left and partly because Leroy came into their lives, Sarah and Bobby looked after each other from their early ages on. When I asked Sarah why she felt Bobby has been in jail most of his life, she commented that he did not have much of a father figure. She then went on to describe how they replaced their parents in the activities they were involved in.

> ...he didn't have...the father outlook, like...when it [came] to...Bobby's hockey games or something, it [was] not my mother or father that went, I used to go to his games. ...instead of it being mother and son, or father and son, it was always me and Bobby. And when [it came] to...Guides or something [for me], it was never my parents that went, it was always my brother. Like...there was a father-daughter bowling tournament and like it felt good at the time right, like I had nobody to go with, but Bobby went with me and we won. ...Bobby used to stick up for me through think and thin.

(iv) Mother's treatment of Sarah

While growing up, Sarah's mother would not let her and her brother forget that their father went to jail for rape. This was one of the ways in which she felt ridicule from her mother.

> She use to always throw at me and my brother that we were just like our father; we were going to go to jail and the whole bit. ...if we were not good, she's gonna send us to our father. She'd ask us, "Where's your father, where's your father...," [and] stuff like that. It used to bother us.

After a while, the word got out amongst their friends, that their father was a "rapist" because their mother would make comments about him in front these other children. After a while, their friends' parents would not let them play with Sarah and her brother. They later found ways of keeping their mother from meeting their friends.

> ...when we got older it got to where we just wouldn't bring friends home. If I had dates pick me up, I'd either have them pick me up at...a friends place or I'd have them wait outside.

Another way in which Sarah felt ridiculed was through her favouritism of her brother. Sarah commented that she was "...really jealous of [her] brother when I was growing up, 'cause my mom thought, "...well Bobby's a boy; Bobby should be doing this and Terry should be doing that. She related a number of memories related to to this favouritism. For example,

> ...he'd always get more money than me. ...behind Mom's back, Bobby use to give me the extra money...and the thing is, Mom used to sneak him the money and Bobby use to tell me. ...it...use to bug me right, 'cause Bobby got the special treatment.

As they got older, the favouritism increased, especially in the dollar value. When Bobby came out of prison, their mother bought him Sarah's "dream car." When she was working, Sarah got a loan to get a car. After making most of the payments she lost her job. She asked her mother if she would lend her the money for the next payment. She refused. Because she had cosigned the loan, the bank pestered her. Her mother indignantly paid off the loan. Sarah feels her mother has never let her forget that she bailed her out.

Around the age of thirteen or fourteen, Sarah occasionally ran away and "...end up in Regina and down in the states." She would place collect calls home and her mother would get upset at her for reversing the charges. Meanwhile her brother would call home from the detention center or prison contributing "...sixty bucks..." to their mother's phone bill. Finally, one day, when Sarah was around the age of fourteen, she got fed up with the favouritism...

> ...she used to let Bobby drive all the time and it use to bother me 'cause I had my learner's licence and she would never teach me to drive. So, I was 14 and I took her car and I stole it. I figured I was gonna teach her a lesson and I went out and I got loaded and I was really drunk.... I went to come home and it was really slippery outside and I started fish tailing. [The] back end of my car hit a truck - a brand new truck and then I went through the park and I ripped apart the park. ...then I brought the car home and my brother went to take the rap for me, but...somebody finked and I got caught.

After a number of years Sarah began to wonder if she was adopted. In fact her mother used to tell her that she was. She went to her maternal grandmother to check it out. She told Sarah's mother not to tell her things like that. Sarah's mother gave her "shit" for going to her grandmother.

(v) "Punishment"

As described in the introduction, her mother's punishment style was inconsistent. From Sarah's perspective, it had four aspects to it. First of all, if it did not affect her mother directly and

"...for something funny, like the school gym and stuff....," then they did not get punished.

> ...it's the only way my mother ever really comforted us, like that was with money. Like when I took my horse (my horse was shoed)...into the gym, she wrecked the gym floor and my mother...just dished out the money for it, like it was nothing, ...and it cost...like eight thousand dollars and it was nothing. ...when I took her into the pool, they had to drain the pool and Mother paid for it.

Secondly, Sarah feels if their misbehaviour affected her mother directly, they got punished for it, such as in the incident where Sarah banged up her mother's car. To punish her, her mother sold her horse. This hurt Sarah deeply. Thirdly, "...for stuff I couldn't help, it seemed she got madder at."

Finally, her mother would not let the school punish Sarah.

> ...I used to get into a lot of trouble in school and I mastered a plan to get the gym teacher's car into the gym...on top of the stage and she couldn't get it out. And like the school wanted to give me the strap for it and my mother said, "Don't you dare!" Right, like my mother never let the school give me the strap. ...I used to pull off stuff like that all the time.

While sharing some of these incidents, Sarah almost gave the impression that at times she wanted her mother to take action. She appeared to be confused regarding her mother's lack of punishment for some misbehaviours and remembered being angry at her for punishment for others she could not help.

One other aspect of her mother's disciplining style was mentioned. Her and her brother were blamed for a cousin's stealing while she lived with them.

(vi) Memories from the years after she left home

As discussed in the introduction, Sarah described growing up on the street as the most important experience in her life, in terms of who she is today. As noted, she moved out at the age of 14, when her mother lived with Leroy. When he was in town, they would give her and Bobby money and all sorts of things to keep them away. Then they would spend the rest of the week drinking. Sarah left because she did not like being "bought off." After she left, her relationship with her mother changed somewhat.

> ...she was drinking a lot then...and I just used to tolerate her, you know, like she did something and I used to sit there and and [say] "Yah, yah, o.k." ...it was more of a friend relationship than it was a mother and daughter. Like when I needed help or something, sure she was there, but...other than that it was just..."Call me up, hey and we'll go for a beer."

While living "on the street," she learned to fend for herself. This is what the street taught her.

> ...the only reason I've got a lot of knowledge I do now, of life, is growing up on the street. ...I really tended to myself, doing things for myself, right, like fighting my own battles and stuff like that. Believe me I did a lot of that.

Violence appeared to be one of the features of her life after she left home. This became evident in two incidents, one occurred after her mother and Leroy broke up and one while Sarah was hanging around with a gang of bikers. The first was a brawl in the bar with Leroy and his new girlfriend.

> Me and Mom went went in and Leo's new girlfriend came up and slapped me across the face and she said, "This is for giving

> Leo such a hard life," and I didn't even know who this woman was.... Then...she took a beer and threw it at my mom. So my mom went flying across the bar at her...(My mom worked in there at the time.). So I went flying across the bar to stop them and the bouncer picked me up, ...and he says, "Your barred out!" I says, "For what?" and he says, "For fighting!" So I hauled off and and I punched him and I said, "Now you can bar me out for fighting." He threw me out the door and I ran around [to] the other door. ...I had about ten doubles sitting on my table. ...I drank a couple of them standing up, watching this fight going on in the corner. ...I took two more; I drank one walking across the dance floor. I drank one standing in the middle of the dance floor...set it down [and] went back into the fight. This time I was starting to get mouthy 'cause I was getting drunk and...that bouncer caught me again and threw me out.

After running around to the other door, she came in and finished her drinks. "The bouncer started coming towards me so I threw it at him." Meanwhile the fight went outside and ended with Leroy and his girlfriend driving to the hospital.

The second event involved her life with a gang of bikers. Violence was a regular feature of their lifestyle. She described that they tried to get into a bar but the owner would not let them in because they had their "...leathers and...harley shirts on..." and "...were packing knives...and stuff like that. And they wouldn't let us in so we just sort of made our way like so and we went and we just tore that bar apart."

In the second incident referred to above, her biker boyfriend shot and killed a man in front of her to defend her. This event "...threw [her] back about ten feet." She began to wonder if this was the kind of enivronment she wanted Billy to grow up in.

Meanwhile, her mother was fighting regularly with her new boyfriend, Jim and would call Sarah over to help her out.

> ...when she was living with Jim and [he] would start smacking her around, it was me that use to go there, right. And I took a couple of good punches from Jim, boy! ...[Mom would] keep calling me, "Jim's hitting me again," and back I go again. It was bad 'cause we only four blocks away from each other. So, it was like I was getting calls every two or three days. ....I kept going over there. He'd hit her; she'd call me and I would be over there. I use to go into the trailer and...the first thing [Jim]'d do it try and hit me. And like, every couple of times I'd walk into the trailer and Jim would be standing there and I would boot him in the balls. "Now you sit down and listen to me." You know, that's the only way I could get his attention. It...worked...and then once he got over turning green and stuff...he'd start swinging again but while he was turning green I had time to talk to him.

As time wore on, Sarah would start to make excuses to not come over when her mother called, "...'cause I don't need need to be bothered by it."

Two of the most important events in Sarah's life occurred in her late teens. The first was the birth of her son and the second was the death of her grandfather. Regarding the birth, Sarah said,

> ...that was really important to me.... When I had him...it slowed me down for a while, right. Like I became a domesticated housewife and then I just...wasn't ready - ...I wasn't ready to have him to begin with. ...my life was a little too wild as it was and so I went back to work; he [spent] a lot of time with sitters. ....Everybody was really happy about it, the whole bit - ...like, my grandmother, my grandfather, my mother, but nobody really stopped to ask me what I thought. You know, like, I wasn't gonna give him up or anything like that; it was just really hard. Like I had this new thing to cope with and I didn't know how I was gonna go

> about doing it. Like I did not bad, but there, for a while, I got into drinking and then into the bikers and stuff like that. ...Billy was always included in with the bikers kids.

She was sixteen when Billy was born. Although Billy was born at an inconvenient time for her, she feels she wanted him and right now he is the most important aspect of her life.

When Sarah was seventeen, her paternal grandfather died. This was a major loss for her because, as reported in the introduction, he was the one adult she felt she could confide in while she was growing up. As noted, he died as a result of an alcohol related car accident. The evening after she found out he was in hospital, she took Billy to a babysitter and went to the bar to get drunk. She went back the next day and saw him for the first time. Sarah stayed with him in hosptal then until he died, which was on Billy's first birthday. Sarah described her experience at his funeral.

> ...I took it hard. Like, he had a brother...that looked just like him.... At the funeral he walked in and I swore it was my grandfather and I went up and I started hitting him and asking him why he was doing this to us, making us cry and stuff. It was awful. ...I ended up taking a lot of time off work for that, 'cause I couldn't cope with it.

After his death, she used a lot of cocaine and drank much alcohol. With respect to the family, his death was felt to the the time of the interviews, a few years later.

> [Baba] dealt with it really hard at first. Like ever since Gido died, she doesn't have Christmas dinner or nothing. Like there used to be Christmas, Valentine and stuff like that and now the only gatherings we have is...Rememberance Day; we all go to my grandmother's house.

The loss is still felt by Sarah, even at the time of the interviews. There seemed to be a certain ambivalence as she described what she was feeling at the end of the interview in which we spoke of Gido's death.

> ...it might bother me; like it's not often I talk about it. ...it's something that bothers me. ...my grandfather's dying and my son's first birthday and stuff, that doesn't bother me but when it gets down [to] talking about...what had happened and how he looked and stuff like that, I just see it all over again and it feels like he just died yesterday.

As far as the family is concerned, "...Billy has taken over his place," because he was Gido's favourite.

The realities in Sarah's family, childhood and adolescent years appear to reflect many experiences of pain. As far back as she can remember, there was her mother's drinking and it's consequences, the neglect, the taunting of Sarah and her brother, and the threats that she was going to send them to their father. In addition, at least from Sarah's perspective, there seemed to be problems with her mother's disciplining.

As she grew older, her way of dealing with the pain was to escape into drugs. She suggested that she learned that this was the way to deal with pain, possibly by her mother's and stepfathers' examples and through the pain killers she took at the age of eight, during her stay in hospital after the car accident. She appeared to have come to believe that life is unbearable without drugs. Memories reflecting this theme will be presented in the next section.

(b) Her fantasy

It was commented in the introduction to Sarah's reality/fantasy difficulties, that Sarah's fantasy appeared to be that she cannot live her life without drugs. Her drugs were used as a means of escape from a reality that at times was unbearable. Three aspects of her life provide examples of how she used drugs to deal with unbearable reality. The first was her school experience; the second was to aid her in the demands of parenting and the third was a way of dealing with pain. In each of these experiences she indicated that if it was not for her drugs she would not have been able to cope.

(i) School experiences

Sarah summed up the connection between drugs, school, and working by saying

> ...if it wasn't for drugs, when I was younger, I would never have made it through school and working at the same time. Never! Like a lot of people say, "Well that's bullshit!" but I know 'cause I tried it and it just didn't work. Like you just couldn't rely on one hour of sleep a night without it.

She indicated that, if she was "stoned" she would write her exams; if she was "straight," "...forget it; I wouldn't even write it. I'd just leave - flip my paper over and leave."

While straight, Sarah said that she did not like school and by the time she was thirteen, she felt she needed something to handle the day. "...I used to go to the trailer court and have a few drinks and go to school and I could tolerate the day."

From the teachers' points of view, there did not appear to be any reason to discourage her drug abuse.

> ...the teachers knew what I was doing, right but when I was straight, I was a trouble maker. I didn't give a shit. If I didn't want to sit in class, I didn't.

Her teachers and the other students got a laugh out of her when she was stoned. She described herself as the class clown and popular.

In addition, the teachers would not get any support from her mother for anything they wanted to do for Sarah.

While straight therefore, she could not tolerate the day at school and she did care about school. While stoned she was the class clown, popular, did well on her exams, and life was fantastic. While on acid

> ...you go to write an exam and it's multiple choice and...like the dots would fly at you and...you're just hitting the dots to keep them on the paper and you just can't.

(ii) Parenting

While "mellowed out" on grass or hashish, Sarah found it easier to deal with Billy. While "stoned" she does not experience the stress of his demands.

> It's a real mellow feeling; like you get...three joints out of a two chip of hash [and] it's...like...I'm on his level. I can bring myself down to his level and I can understand what he's talking about. ...he seems to act like a totally different kid when I'm stoned. It's...like he knows...something different [is] going on with Mom and he knows he can push things a lot further when I'm stoned. ...when I'm straight I can say no. ....It's like he wants all kinds of attention that I just don't feel up to giving and he never slows down; he's constantly on the go.

While she was stoned, she could understand her child and could get down to his level; while straight, he was difficult to tolerate.

(iii) Escaping from pain

In her later teen years and early adulthood, Sarah used drugs to deal with some of the more painful experiences in her life. We have already seen it in the way she used alcohol and cocaine to deal with her grandfathers death.

Another incident for which she felt she needed to use, was after the biker was shot in front of her, by her boyfriend. To deal with the trauma of this event, she had a friend come over to keep her stoned for a few days.

> ...I couldn't sleep. One of my friends...came over a couple of days after the shooting and...I couldn't sleep at all. ...he use to come over and get me really really stoned, like when I smoke pot I get really tired and sleepy and I used to go to sleep. ...he stayed there until I woke up again. I could go to sleep for a couple of hours and then he'd get me stoned all over again, so I went back to sleep, just to get some sleep.

This pattern of escaping into drugs continued into young adulthood. During the summer after she was beat up by Bill, she tried to overdose on pills and alcohol. She did not know if she wanted to live or die. At one point I commented, "It sounds to me like for a long while, when you were growing up, it was drugs that gave your life meaning." She replied, "Mm-um, it kept me going a lot; it helped me to ignore what was going on around me and just made me laugh." I remarked, "That was the way to happiness." She agreed.

2. Other coping strategies

It appears from Sarah's story that her primary coping strategy was the use of drugs. She used drugs for pleasure, to calm down, to gain "level headedness," to escape from pain, to be popular, to get good marks and to sleep when she could not sleep. Using drugs became her usual means of dealing with any kind of inconvenience or anything she could not tolerate. Her fantasy was that she could not deal with her reality without them.

Other than drugs, Sarah, indicated that she would find other ways of escaping. Whenever she did not want to think about something painful she would force herself to think about other things or go do something different to distract herself

3. Negative feelings about herself

As Sarah was growing up in her family, a number of experiences seem to have undermined her feelings about herself. There were two in particular. First of all, her mother's favouritism of Bobby appeared to have left her feeling jealous of her brother and wondering if she fit into this family, and secondly, while her cousins were living with them, she began feeling like she was never treated as if she was her own person. If Sarah got a new dress, her cousin, Tessa got a new dress too. If Sarah got a horse, Bobby got one too..

> ...it bothered me once. I got a nice dress; Iris got the exact same dress.
>
> P: You were never your own person, it sounds like.
>
> S: No, I was never my own person. It's like, when we were younger, ...if I got [a pretty pink dress], my mom had to...look for one for Tessa. You know, when we got older, ...I got a horse so Bobby got a horse. It was never anything special that I got.

Although Sarah did not indicate that self questioning was a major theme, there appears to be indications of it.

4. Clossness to grandparents

As indicated in the description of Sarah's reality, her gido was the bright spot in her life. When he died, it seemed that a light went out. To him, she and her son were "...his life, ..." and Sarah and Billy "...got everything..." from him. "If [they] were in a bind, it was Gido [they] turned to."

5. Leaving home early

This theme was also discussed in the section on Sarah's reality. Sarah left home because she disliked being "bought off" by the expensive toys and money. In addition, "I was not getting along with my stepfather and my mother was doing a lot of drinking and...everybody was trying to rope me in and tie me down...." It appears she was getting two messages, get out of our hair, but not too far.

She therefore left home to live, at first with a friend, who later "skipped out on the rent," and then to live on the street where she learned to fend for herself.

6. School experience

The way Sarah described her school experience, it appears that she was bright, but that when she was "straight" she was apathetic and unmotivated. In addition, without drugs, she said she just could not "tolerate the day."

7. Loss

With respect to the theme of Loss, Sarah's losses were more concrete than the other three volunteers. Real people came in and out of her life. The first was her natural father. He left when she was almost two years of age. Then it was her step fathers and her brother. She indicated that she was most affected by the loss of Tim and did not care about Leroy and Jim. However, she spoke little about her brother's departure.

The most significant loss for Sarah, she feels, was the loss of her Grandfather. This loss appears to have affected her and her family to this day.

8. Parental substance use

As far back as Sarah remembers, her mother drank. Because of this, Sarah still finds it difficult to sort out some of the things that happened to her as a child. Her mother told her things based on her perception "under the influence" of alcohol. "...like she hallucinated; she seen things that happened that didn't happen and she accused us of things," and "....A lot of it she doesn't even remember." In addition, she described two of her stepfathers and her gido as heavy drinkers.

9. Poor Parenting skills of her parents

It is evident from Sarah's lifestory, that her primary caretaker, her mother did not manifest healthy parenting behaviors. She remembered her mother's inconsistent discipline, lack of guidelines, being ridiculed by her, and some lack of interest in her activities. In addition, she remembers her mother favouring her brother....

10. Parental favouritism

From Sarah's perspective her mother's favouritism of Bobby was obvious. She felt jealous of her brother growing up. She was not treated as her own person.

11. Parent's marital difficulties

Many of her mother's marital and relationship difficulties were described above. Sarah indicates that, after her father, three stepfathers came in and out of her life. In addition, she described the numerous fights that her mother had with Jim. Sarah was often called in to help her mother deal with him.

12. Working to support herself in adolescence

Like Mary this theme is a part of Sarah's story. After Sarah left home, working to support herself became a reality for her. She described her schedule....

> ...I worked in an arcade called the Nickelodian and went there at six in the morning.... I left there at eight, to be at school at eight fifteen. School was out at eleven fifteen; I went back to the arcade and I worked my lunch hour and after lunch I went back to school. I was out at three fifteen and I was back at the arcade 'til around midnight. ....and then on Saturdays and Sundays I just worked and did my homework when I was working.

Sarah did this from the age of fourteen to sixteen and indicated that she needed to use drugs to get through this experience..

14. Money used for comforting

Sarah indicated that Money was used by her mother as a way of "giving comfort love." She bailed her children out of their mistakes with money. In Sarah's eyes, she showed that she favoured Bobby over her, by giving him more spending money, and by "giving her 'shit,'" sometimes when Sarah cost her money. She continues this expression of "love" with Billy. Every time she comes to see her grandson, she gives him a dollar.

(Themes 13 and 15 are not indicated in Sarah's lifestory.)

Themes related to the understanding of her drug use.

Sarah's drug use appears to have been her main way of dealing with the pains and frustrations in her life. In previous sections of her story, this function of her drug use was described. It was described as her fantasy, that she could not live her life without them. and it was discussed as one of her coping strategies The themes with respect to the functions of her drug use for her will briefly summarized here.

1. . To escape from pain: The evening after her gido died, she went to the bar and got drunk. In addition, her cocaine use increased to the point where she "...was getting really bad." "[It] just made me laugh."

2. . To get through the demands of school and working at the same time: "...if it wasn't for drugs, when I was younger, I would never have made it through school and working at the same time. Never!"

3. . To do well on a test at school: "...if I went to school stoned to write a test I'd pass it; if I was straight, forget it; I wouldn't even write it. I'd just leave - flip my paper over and leave."

4. . To handle the day: "...I used to go to the trailer court and have a few drinks and go to school and I could tolerate the day."

5. . To be popular: While stoned, high or drunk she could be the class "comic."

6. . To distort reality: While stoned on acid Sarah would "...look up in the sky and the stars are flying at you and like it's a neat thing."

8. . To deal with the stress of parenting: While stoned on

hash, Sarah could get down to Billy's level and deal with the stress of Billy's demands. When she's straight, "It's like he wants all kinds of attention that I just don't feel up to giving and he never slows down; he's constantly on the go.

9. To help her sleep after a painful experience: "One of my friends...came over a couple of days after the shooting and...I couldn't sleep at all. ...he use to come over and get me really really stoned, like when I smoke pot I get really tired and sleepy and I used to go to sleep."

Themes related to Sarah's understanding/meaning of her life

1. Making sense out of past pain

Few themes related to Sarah's understanding of her past pain were expressed, probably because she has not taken the time to reflect on her life. She just does not like to think about anything painful. This proved to be the major difference between Sarah's lifestory and those of the other volunteer, who have gone through recovery. She has not taken the time to make sense of her past pain.

In our last interview, we spoke about the difficulty she had talking about some of her past pain. The most poignant experience which she says she wants to forget was the experience of losing her twins. She commented on the experience with a psychiatrist and the difficulty dealing with past pain.

S: Like I seen a psychiatrist for a while after that. ...I seen him once a week and we just mainly talked about what happened that week and shit like that and about my mom and stuff.

P: Do you think you could ever work through that stuff and put it behind you.

S; Oh maybe in time, you know like it's when I find out where I'm going and what I'm doing with my life.

P: When it's got some sense of direction.

S: Yah. Then I think, maybe I'll be able to sit back and really figure out what happened.

One theme however, that has come together for her is the fact of her street life. She appears proud of this experience and spoke of it as being significant to her today.

2. Present goals

Sarah described her present goals as being a good mother, "getting her act together," which meant dealing with her divorce and deciding what she wanted to do with her life.

Dealing with her divorce involved entering therapy (part of which would be a group for "battered women) and taking a holiday. With respect to therapy, she commented.

> ...they [the counsellors] feel that I've gone through a lot of it and like that there are some girls that are just going through it now and I could help them. ...then there are some girls that are further ahead than I am in dealing with it and they feel that they will be able to help me.

After Sarah has her baby, she intends to take a holiday "...to get [her] head together." When I asked her if she intended to do acid again she replied,

> ...oh, eventually I'm going to go and do it again. Like I know I am. It's just a wild high and like I know when I go down East, I'm going to go on one hell of a bender, but it's going to be a bender I can control.

Finally, she wants to figure out what she wants to do with her life, and that might mean going back to school.

3. What is important in life?

Sarah described three aspects of her life which were very meaningful to her, her son and her brother, her friends and her drugs.

(a) Her son, Billy and her brother, Bobby

Sarah felt that Billy and Bobby are the most important people in her life. They are the only relationships she can rely on for any "moral support."

> ...I'm not only his mother, I'm his friend too. Like I get down on the floor and play cars with him and we talk a lot. He understands a lot, a lot for a five year old and...me and him, we've never really gone through a really rough time. Like we've always been there for each other. Like...my relationship with Billy and my relationship with Bobby about the only two that I really depend on...for moral support.

(b) Her dope and her friends

After talking about the death of her grandfather, Sarah spoke about her dope and her friends as very important to her.

> ...me and [my friend] were sitting one day talking...about how we wanted to be buried, this was one week before he died, and I said I wanted to be buried in a phone booth, right. And I want [it] half full of quarters and half full of dope; this way, if I get bored, I can call up my friends and tell them to come down for a toke, right. And it's like everybody knows what I want; ...that's what I expect.... I expect to [be] buried in a phone booth.

Summary

Through these lifestories I have tried to give you an understanding of the significant growing up experiences of the four volunteers. In addition, I have presented their understanding of their drug use and their lives in general. The stories were organized according to the themes which they presented as significant to them in describing their lifestories as drug users.

One of the important findings of these experiences, appears to be the significance of recovery. The first three volunteers appeared to be able to tell their "story," making use of a unifying theme to tie the events of their lives together through time. In Sarah's case, on the other hand, she indicated that she has not taken the time to put her life into this kind of perspective.

This finding and others will be described in chapter five, together with a very brief summary of the lifestories.

CHAPTER FIVE: INTEGRATION AND DISCUSSION

Introduction

The purpose of chapter four was to present the remembered lifestories of four drug users and to describe their understanding of their drug use and their lives. Through the presentation, you entered into the lives of Mary, Brian, Mark, and Sarah. The purposes of Chapter Five are twofold. First of all, each lifestory will be summarized according to the central themes which three of the volunteers' saw as the most significant for them. Sarah was unique in this respect because she has not reflected on her life extensively and therefore did not place her life into this kind of perspective. Nevertheless her story will also be briefly summarized. Secondly, the themes identified in Chapter Four with be integrated with the literature reviewed in Chapter Two.

The research summarized in chapter two included research focusing on the family experience of the drug use of a family member. Research from the perspectives of family systems theory and social psychology were reviewed. In addition, research utilizing ethnographic and phenomenological methods and procedures to "understand" drug users' lives was surveyed. This set the stage for the description of the methodology used in this study. The goal of the methods and procedures used here were to enter into the memories and perspectives of the four drug users, with respect to their growing up experiences, their drug use, and their lives in general.

I now turn to the brief summary of each life story.

Lifestory Summaries

Each lifestory summary presented below is paired with a visual model representing their lives as each volunteer understood them to be. These models are offered to facilitate understanding and are not meant to be a comprehensive representation of their lives.

Case One: Mary: "The family nurse"

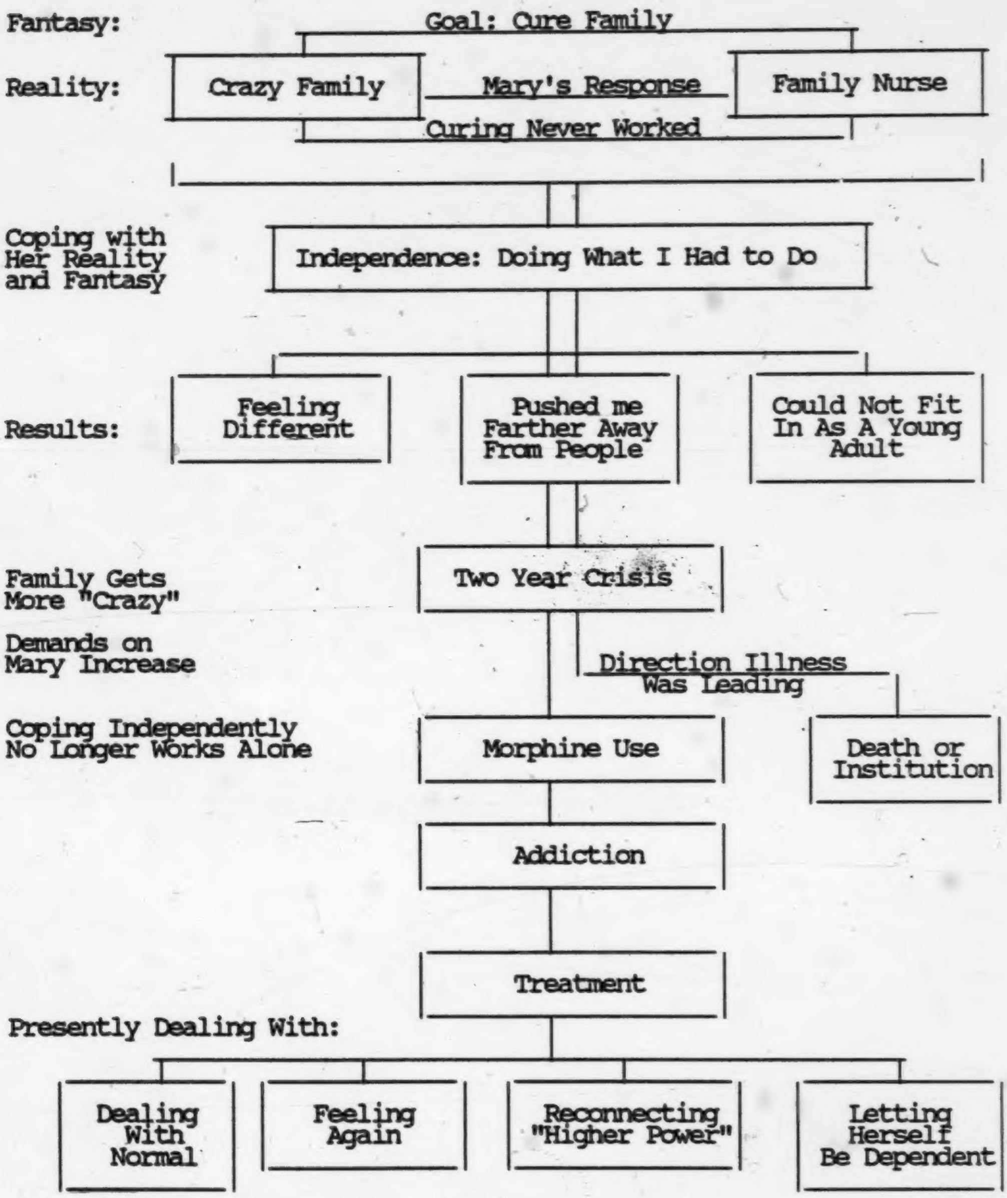
Figure 5.1 on the following page presents a model of Mary's lifestory as she shared it with me. As indicated there, the central theme unifying her lifestory was her belief, desires, and attempts to cure the craziness of her family. This proved to be an endless cycle. While going through recovery, she had the opportunity to reflect back on her life and she realized that she was "...pounding [her] head against a brick wall...." to bring about this cure; it never worked. To do this she had to have all the answers and she had to take care of herself so she could do "what she had to do." She detached from her feelings and she detached from her family (except her brother), which left her feeling different and unable to fit in with her peers. Detaching was the only way she could remain in amongst the craziness of her family. She had to stay and be separate to bring about the cure.

These coping strategies helped her survive until the demands of her family interfered with her personal plans. She tried to meet both sets of demands. To do this she felt she had to use morphine, because the other coping strategies no longer worked for her; she needed help to detach.

In the process she became addicted. She saw this as a blessing because it brought her "emotional illness," her fantasy to an end. If this had not happened she feels she would have ended up in an institution or dead. Instead she entered treatment, put her life experiences into perspective, and made some realistic future goals for herself. At the time of the interviews she was trying to focus on caring for herself. This meant dealing with "normal" living, reconnecting with her feelings and people, and allowing others to care for her.

Figure 5.1

An Model of Mary's Life Story


Fantasy:
Goal: Cure Family
Reality:
Crazy Family
Mary's Response
Family Nurse
Curing Never Worked
Coping with Her Reality and Fantasy
Independence: Doing What I Had to Do
Results:
Feeling Different
Pushed me Farther Away From People
Could Not Fit In As A Young Adult
Family Gets More "Crazy"
Two Year Crisis
Demands on Mary Increase
Direction Illness Was Leading
Coping Independently No Longer Works Alone
Morphine Use
Death or Institution
Addiction
Treatment
Presently Dealing With:
Dealing With Normal
Feeling Again
Reconnecting "Higher Power"
Letting Herself Be Dependent

Case Two: Brian: Searching for acceptance

At the heart of Brian's lifestory, as he presented it (Figure 5.2 on the following page) is his search for acceptance. As a young child he saw himself as different from everyone else and this was not acceptable to him. He is not sure where it came from, but had a general feeling of dissatisfaction with himself and decided that he had nothing of value to offer anyone.

Originally, he thought he was different because he was involved in activities only girls liked. As a teenager, he thought it was because he was a homosexual. He was comfortable with that but he knew the world was not, including, from his perception, his family at the time. He did not like himself and he compulsively sought out people who did. He found acceptance for his homosexuality in the streets and nightclubs of Vancouver, among the "lower echelons" of the gay community. Here drug use thrived. To be accepted he used too. He changed masks, changed personality traits, lifestyles, and drugs to fit in with the group he was with. I called this a "schizophrenic" lifestyle and he concurred.

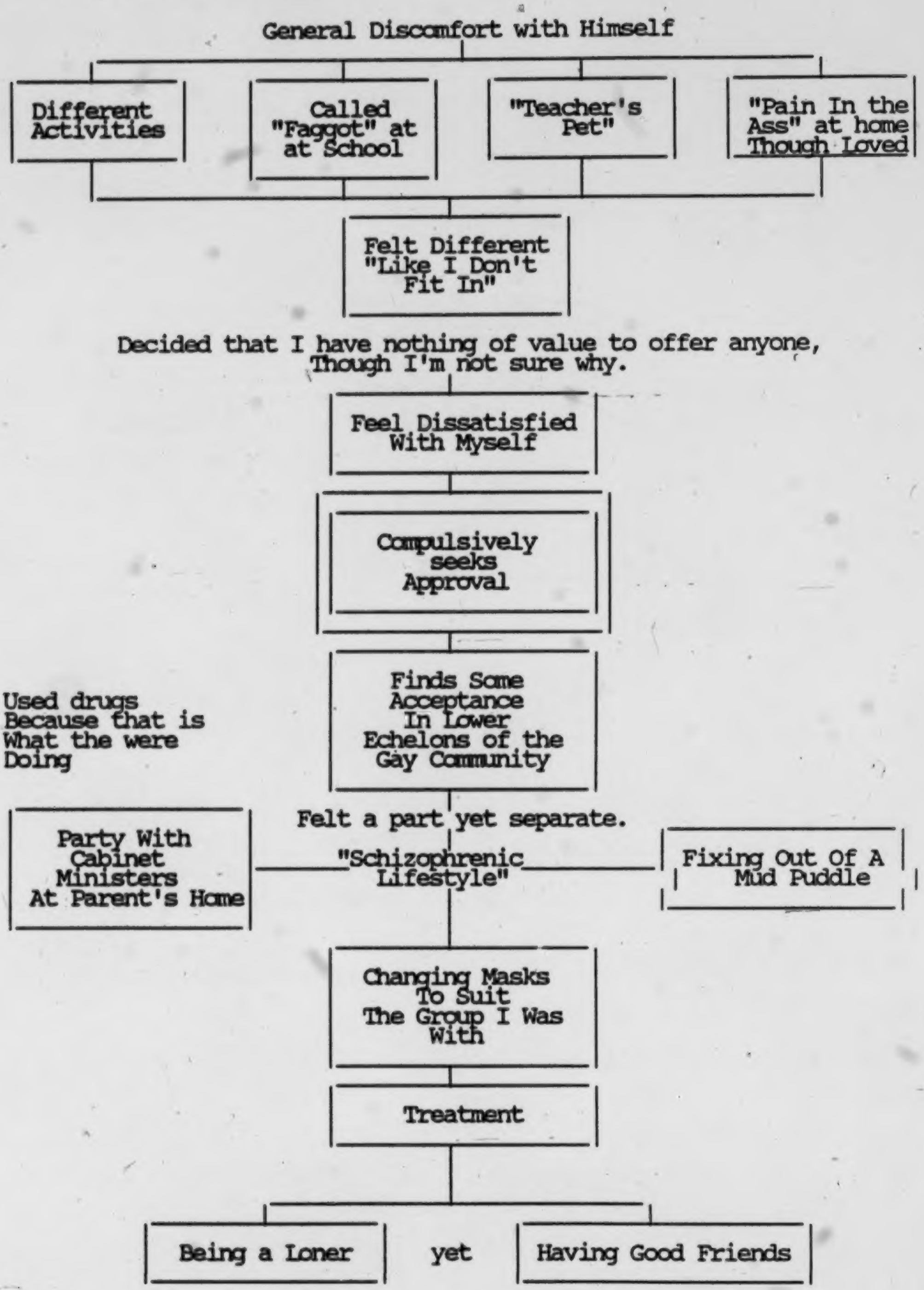
After entering into treatment, he too looked back over his life and put things into perspective. After a number of successful experiences, he has come to see that it is alright to be different. He is a loner and yet he has friendships which he nurtures. He is not afraid of growing old alone.

Case Three: Mark: Shaking the image of a very successful father

The model of Mark's life is presented in Figure 5.3 on page 191. Mark's lifestory is about a boy trying to be like his dad and failing and about a man trying to be a success in his own way. Mark felt that as a young child he is told off a lot by his parents. In addition, they want him to be like his father, a physician or at least an academic. Mark took this on as his mission in life, even

Figure 5.2

A Model of Brian's Life Story


General Discomfort with Himself
Different Activities
Called "Faggot" at at School
"Teacher's Pet"
"Pain In the Ass" at home Though Loved
Felt Different "Like I Don't Fit In"
Decided that I have nothing of value to offer anyone, Though I'm not sure why.
Feel Dissatisfied With Myself
Compulsively seeks Approval
Used drugs Because that is What the were Doing
Finds Some Acceptance In Lower Echelons of the Gay Community
Felt a part yet separate.
Party With Cabinet Ministers At Parent's Home
"Schizophrenic Lifestyle"
Fixing Out Of A Mud Puddle
Changing Masks To Suit The Group I Was With
Treatment
Being a Loner
yet
Having Good Friends

though he knew he was a failure in school. Consequently, because of his parents "put-downs" and his failure, he remembers having a very low self-esteem from a very young age.

To deal with this poor self image he made use of alcohol and fantasy. His fantasy helped him to strike back at his parents and to feel successful. The alcohol helped him to feel good about himself, made the dreams appear more real and more colorful. Although, his goal to be like his father started out as a part of his reality, it quickly moved to his fantasy.

Mark was very creative as a child and as an adolescent; he was very adept at making things with his hands. However, he remembers that this was seen as unimportant, by his parents and by himself, at the time. Therefore he used them in the creation of his dreams and fantasies.

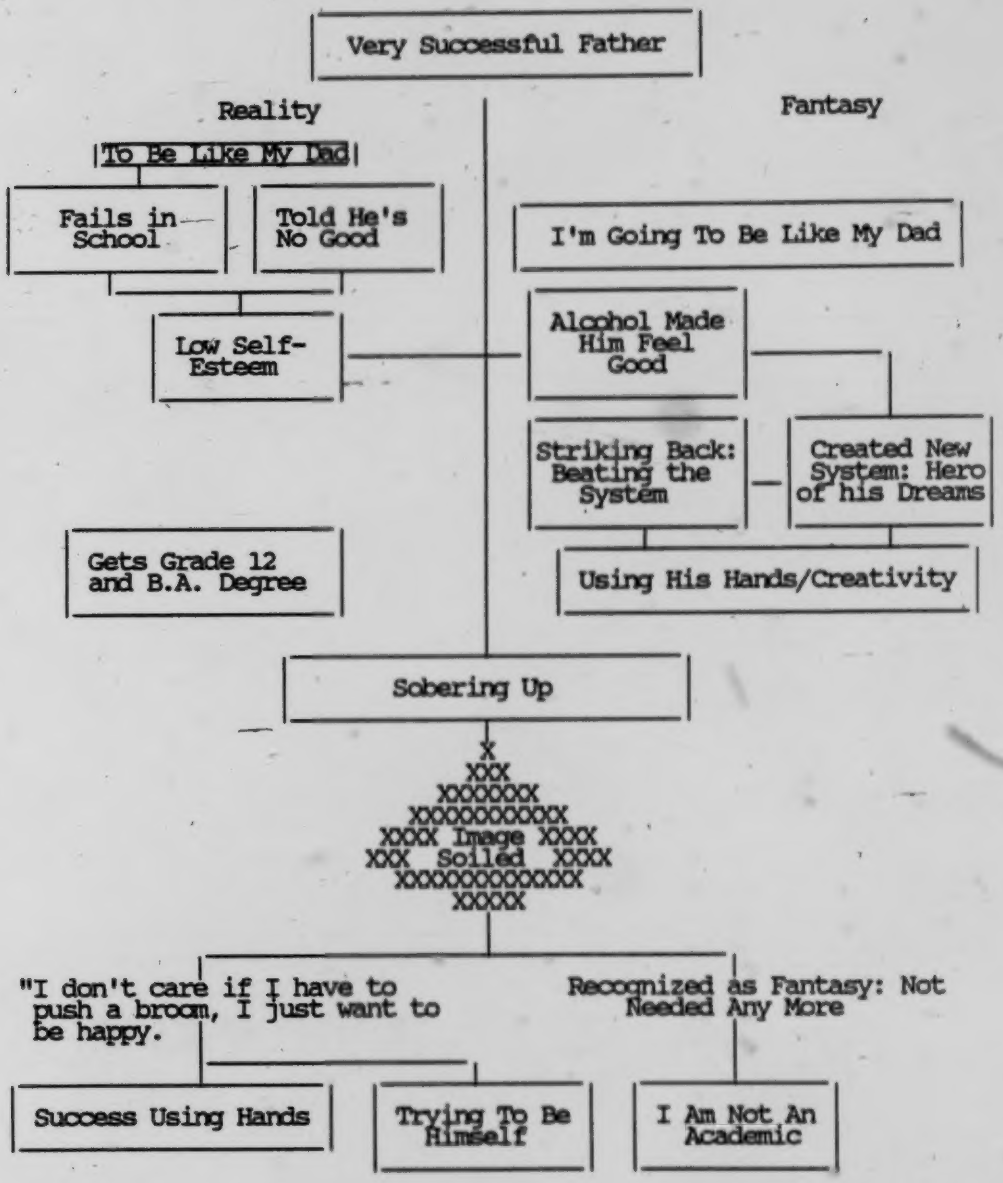
By the time Mark was in his twenties, he knew he was a failure yet he was trying to portray an air of success and importance. After sobering up for a few years, he began looking at himself and his life, trying to put things into perspective. Finally, while fixing a friends sewage pipe in his three piece suit, the image, symbolized by the suit, was soiled ("The 'guck' came down all over me."). Mark described this as a turning point for him. From then on, his fantasies were put into their place, and he began seeking success in his own way, through the use of his hands.

Case Four: Sarah: I don't want to think about it

The characteristic features of Sarah's life, presented in Figure 5.4, are not as easily linked together as those of the other four lives. Sarah had not taken the time to reflect on her life experiences. Her approach to living appeared to be not to think about the pain, and her lifestory reflected much pain. This pain centered around the number of persons who came in and out of her life. These included, her father, three stepfathers, her husband, a set of unborn twins, and her grandfather. In addition, it appears

Figure 5.3

A Model of Mark's Life Story


Very Successful Father
Reality
Fantasy
To Be Like My Dad
Fails in School
Told He's No Good
Low Self-Esteem
I'm Going To Be Like My Dad
Alcohol Made Him Feel Good
Striking Back: Beating the System
Created New System: Hero of his Dreams
Using His Hands/Creativity
Gets Grade 12 and B.A. Degree
Sobering Up
Image Soiled
"I don't care if I have to push a broom, I just want to be happy.
Recognized as Fantasy: Not Needed Any More
Success Using Hands
Trying To Be Himself
I Am Not An Academic

she did not have her mother around for much emotional support as she was growing up.

At an early age she learned that drugs can be used to take away the pain, to forget about the pain, and to make life easier. Sarah indicated that she first used drugs because she liked the feeling it gave her. Later she felt like she could not live her life without them.

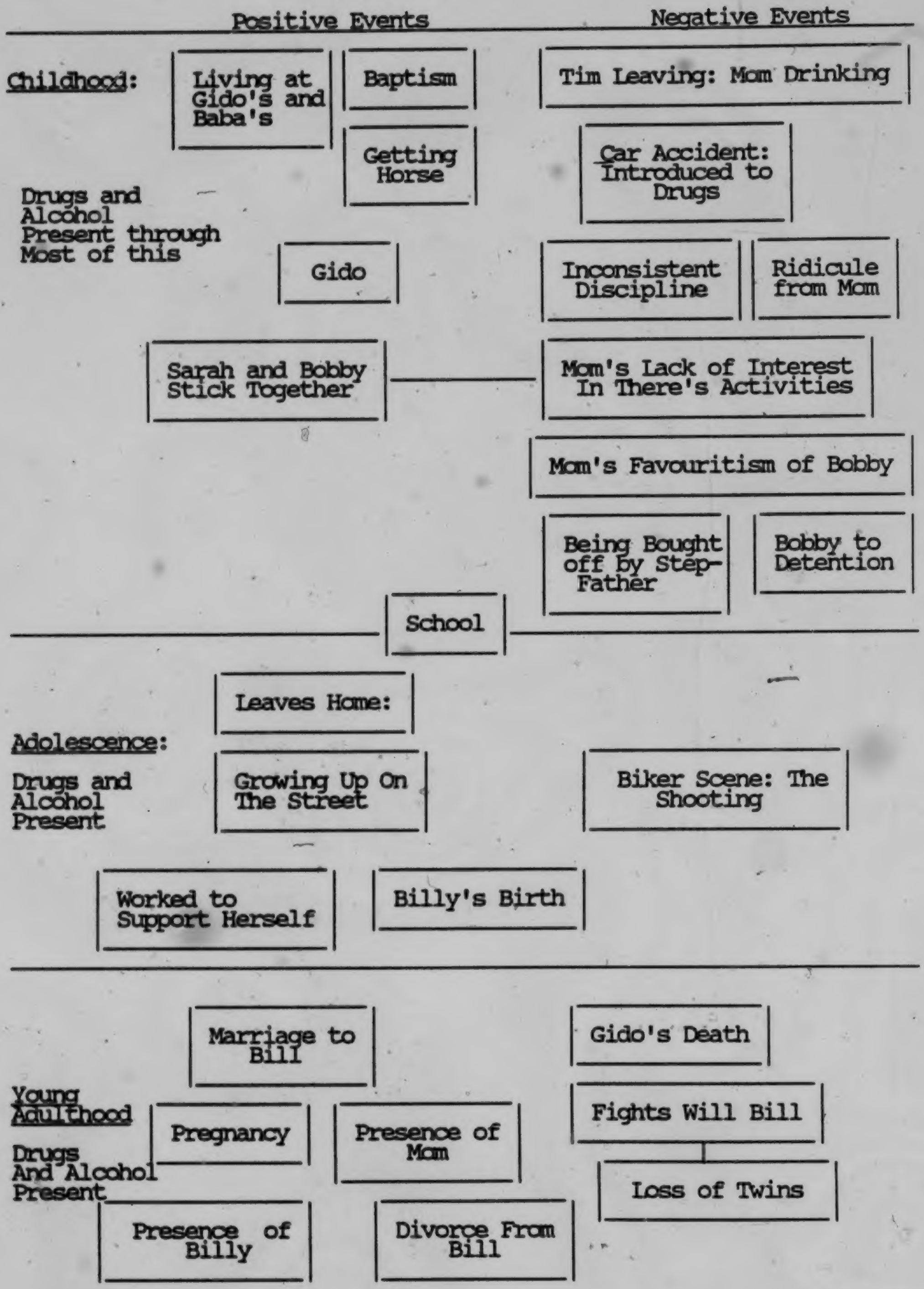
In our last interview, she gave some signs of beginning to "recover." She was entering a treatment group for battered wives and was looking towards making a future for herself and her son. Although, she did not want a drug free future, she wanted one which involved the controlled use of drugs. She felt that once she "got her act" together, she could then start dealing with past pain.

Integrating the Four Lives: Some Tentative Propositions Regarding the Lives of Drug Users

According to Wertz (1984) sense making or understanding of the data involves an "open dialectic" between the "naive" presentations of the persons' lives and the psychological reflection of the researcher on these presentations. The result is an "original conception of the phenomenon." Each of the lives explored represents an original expression of "the life of a drug users." The themes identified with respect to each of volunteer's lives will now be discussed, generalizing across the four individuals and making connections between these themes and the research discussed in chapter two. The themes were identified according to their growing up experiences and their understanding of their drug use and their lives in general.

Figure 5.4

A Model of Sarah's Life


Positive Events
Negative Events
Childhood:
Living at Gido's and Baba's
Baptism
Getting Horse
Tim Leaving: Mom Drinking
Car Accident: Introduced to Drugs
Drugs and Alcohol Present through Most of this
Gido
Inconsistent Discipline
Ridicule from Mom
Sarah and Bobby Stick Together
Mom's Lack of Interest In There's Activities
Mom's Favouritism of Bobby
Being Bought off by Step-Father
Bobby to Detention
School
Leaves Home:
Adolescence:
Drugs and Alcohol Present
Growing Up On The Street
Biker Scene: The Shooting
Worked to Support Herself
Billy's Birth
Marriage to Bill
Gido's Death
Young Adulthood
Drugs And Alcohol Present
Pregnancy
Presence of Mom
Fights Will Bill
Loss of Twins
Presence of Billy
Divorce From Bill

Themes related to the family, childhood, and adolescent experiences of drug users

Table 5.1 below on the following page summarizes the themes regarding the family, childhood and adolescent experiences of volunteers. Each of these themes will be discussed below.

1.and 3. Reality/Fantasy and negative feelings about self

As discussed in Chapter Two, Duval (1967) felt that the family has functions which involve the promotion of physical, mental, emotional and social development of children. According to Carter and McGoldrick (1980), the family's ability to perform these functions depends on the patterns of functioning learned from previous generations and how the family deals with the unexpected stressors of life.

The volunteers in this study described the reality of their families through both their memories and the meanings of their family experiences. All four volunteers understood their reality of their family, childhood, adolescent experiences to be lacking in meeting at least some of their emotional needs. Each of them left home, unprepared to enter the adult roles where they could competently contribute to society as adults.

Each of the volunteers either stated explicitly or implied what it was that they missed out on in their growing up experiences. Mary implied that a normal family is one in which provides stability and security and which lets you know that you are a worthwhile human being. She feels she missed out on each of these. She described her family as "crazy," unpredictable, and a place where she was ignored and unappreciated.

According to Brian, although he feels his family experiences were positive, he did not appear to feel comfortable with them knowing he was a homosexual. He implied that family should be a place of acceptance. Much of his experience has to do with

Table 5.1

Themes Related to the Kinds of Family, Childhood, and Adolescent Experiences

	Volunteer			
Theme	Mary	Brian	Mark	Sarah
1. Reality and Fantasy difficulties	-reality: there is craziness in my family and -fantasy: I can cure the craziness	-reality: I am myself -fantasy: I have to be somebody else to be acceptable	-reality: I am not successful like my father -fantasy: I am successful in my own way	-reality: there is pain in my life -fantasy: I can't live my life without drugs
2. Other coping strategies	-self talk -being alone -detaching -being adult -doing what I had to do to survive	-conning people to please self	-dehumanizing the situation -striking back	-escape -not thinking about pain
3. Negative feelings re: self	-an issue in young adulthood -"why can't I fit in"	-very low until the last few years -fitting in	-couldn't fulfil his /parents' aim for him to be like his father -failure	-did not show much of weak side -never treated like her own person by mother as as a child
4. Closeness to grandparent(s)	paternal grandmother	paternal grandparents	paternal grandfather	paternal grandfather
5. Leaving Home Early	age 16 kicked out	age 16 to "fit in"	age 16 realization that parents wouldn't accept him as he was	age 14 didn't like parents' Tx of her
6. Less than adequate school experience	-felt she could have done better -felt it was better to be avg. and not noticed	-didn't feel he fit into the system	-didn't feel he fit into the system	-did well only when high

Tx = Treatment

Table 5.1 continued

	Volunteer			
Theme	Mary	Brian	Mark	Sarah
7. Loss	-"normal" family life -disconnection	-being "different"	-"normal" family life -parental acceptance	-father -facial injuries/MVA -brother to foster home -stepfather -grandfather -husband
8. Parental Substance Use/ Other Problems	father: extensive mother: psychiat. illness	none reported	father: alcoholic mother: extensive alcohol use	mother: extensive alcohol use stepfathers: extensive alcohol use
9. Poor Parenting skills of parents	-physical abuse as young child -emotional abuse throughout	none reported	-told he's no good -wanted kids to be carbon copies of wishes	-ridicule from mother -poor discipline -no interest in kids' activities
10. Favouritism	-only brother favoured	none reported	-he was favoured over two sisters	-only brother favoured
11. Parent's marital difficulies	Complimenary illness	-some disagreement when Brian involved in with drugs	-fighting when drunk	-marital/relationship break-ups/fighting with spouses/ C/L*spouses
12. worked to support self in adolescence	at home, age 13-15; on her own, age 16+	indicated but not significant	not indicated	age 14+
13. Perfectionism	normal for her meant perfect	perfect or not at all	extremism	not indicated
14. Money used to comfort	not indicated	not indicated	not indicated	only way she was comforted
15. Achievement Motivation	not indicated	not indicated	to be successful like Dad	not indicated

*C/L = Common Law

societal intolerance of homosexuality.

From Mark's point of view, family should be a place where a child can explore his or her own journey to success and Sarah implied that family is a place where you can be your own person and where you parents are interested in your activities.

The family realities of each of the volunteers were lacking in some way. This left each of them questioning their self-worth, retreating to a fantasy where, they could either be better than they think they are or where they can escape from and deal with their pain.

The family experiences of these persons who used drugs appear deficient in nurturing their emotional health. These results lend some support to Steffanhagen's (1978) self-esteem theory of deviance and to other research suggesting the presence of low self-esteem in the lives of drug users (Capuzzi and Lecoq, 1983; Gibbs, 1982; Kaplan, 1985). In addition, the lifestories presented in this study also lend support to Rees and Wilborn's (1983) conclusion that the development of positive family relationships is just as important as the self-esteem factor. Indeed, three of the volunteers in this study suggested directly or indirectly that negative feelings about self developed from poor relationships with parents.

In addition, these themes are consistent with Reilly's (1975) findings that families with drug using members manifested a lack of emotional closeness between family members and the predominance of negative affective expressions.

2. The fantasy and other coping strategies

When the needs of these volunteers were not met by their care givers, they had to meet them themselves. Coping strategies were developed to deal with these experiences. Given their realities, these coping strategies appeared to have been functional. These coping strategies ranged from the fantasy created by the volunteers to the drug use. (The drug use as a coping strategy will be discussed in the section on "Themes Related to the Understanding of Their Drug Use.")

(a) Fantasy

Three of the four volunteers explicitly or implicitely cited fantasy as a way of dealing with the reality of their family, childhood and adolescent experiences. The fantasy was created, because the reality was unbearable. Mary thought that she could cure her family because they were crazy and they could not meet her needs satisfactorily. Brian created fantasies to help him fit in. In Mark's dreams, he made himself the "hero," and Sarah's fantasy was that she needed to use drugs to deal with the demands and pains of her life.

With respect to previous research, this theme is related to the tendency of family members to escape observed by Reilly (1975). This theme however, presents something which appears to have not previously been identified in research. That is, this theme of escape into a created fantasy provides a somewhat new understanding of "escaping," at least in terms of the research into the family experience of drug use.

(b) Other Coping Strategies

Other coping strategies included other ways of dealing with the reality, such as conning people to please self, and dehumanizing the situation so one could laugh at it. The way of escaping included relatively sophisticated methods which Mary utilized such as detaching herself from her feelings, so she could do what she needed to do. Other ways of escaping were comparatively simple, such as Sarah's not trying to think or talk about the pain, or as Mary did, just take off when the fighting got too intense.

The development of coping mechanisms which are functional in dealing with problematic situations is probably not a new finding.

However, it does not appear to be an experience identified by the family research reviewed prior to this study. Further research should explore the kind and the range of coping strategies which drug users use. This would provide valuable knowledge for clinicians.

(Theme Number Three is discussed with "Reality/Fantasy.")

4. Closeness to Grandparents

One of the ways in which each of the volunteers appeared to seek out support and meet some of their needs for acceptance, was through their grandparents. This did not appear to be often or sufficient enough to stave off the effects of the poor relationships with their parents. However, it appeared to be significant to each of the volunteers and a theme which has not identified in the research reviewed in chapter two..

5. Leaving Home Early

Each of the volunteers left home or were kicked out before they were developmentally ready. If they left home, they left because home was not meeting their needs. Brian left to find acceptance, Mark left because he knew his parents were not going to accept him for who he was, and Sarah left because she did not like being "bought off" by her stepfather. Mary, on the other hand, was kicked out because, in her mother's eyes, she was the cause of all her mother's problems. This is consistent with the research from a family systems perspective which found that addicts left home earlier than non-addicted controls (Alexander & Dibb, 1975; Coleman, 1980; Coleman et al, 1986; Levine, 1985; Stanton et al, 1978).

6. Less than adequate school experience

Each of the volunteers described a less than adequate school experience. This theme was not described in the research summarized in chapter two, however, related findings were found by Jessor (1982; Jessor et al, 1973). This is a common theme in the lives of many students and so it is not surprising that it is found in drug users. These school experiences, however were not just academic problems, as is the case for Mark and Brian. Mary's school difficulties appeared to be an extension of her home experiences. They were another way of detaching from her family. Sarah's saw school as fun when she was high on drugs and when she was "clean" she was apathetic. She created many problems at school and the school had no support from her mother with respect to disciplining her.

These school experiences are probably not uncommon in non-using students, however that all of the volunteers had difficulty may point to a relatively common experience in many, if not most drug users.

7. Loss

Loss was not identified explicitly by the volunteers as a significant theme. It was an apparent theme for Sarah, although she did not identify it consciously. Her experiences speak for themselves. The fact that her family only celebrates Remembrance Day suggests that her experience is consistent with the observations of researchers from a family systems perspective (for example: Reilly, 1975; Stanton, 1977, 1979b). Reilly (1975) found that families of drug users were "families in mourning."

Regarding Mary, Brian and Mark, their lives represented symbolic losses. Mary and Mark were more explicit in identifying the fact that they missed out on "normal family life." This is interesting, considering that previous research found that parents of drug users symbolically lost their own parents (Reilly, 1975).

8. Parental Substance Use/and or other problems

The presence of parental substance use was observed by three of the four volunteers. Mary's, Mark's and Sarah's observations of their parents appear to be consistent with the research conducted from inside and outside of the family systems perspective, which has identified multigenerational drug use in families of drug users. The fact that Mary's experience involved the presence of mental illness suggests a question for further research; how common is this experience?

9. Poor parenting skills in the parents

Three of the four volunteers described their parents' styles of dealing with them as being inadequate to meet their social/emotional needs. The poor parenting skills observed included: physical and emotional abuse, a lack of nurturing and encouraging behaviors, scapegoating, inconsistent and/or vengeful discipline and the use of money and things to show love. Many of these were associated with parental drinking or parental mental illness.

These aspects of poor parenting skills appear to be consistent with previous research, which indicated that families of drug users manifest nurturance deprivation, poor impulse control and isolation in home life (Reilly, 1975), scapegoating (Jurich et al, 1985), conflict between parents and adolescents (Kovich & Glickman, 1986; Wright, 1985), physical abuse (Wright, 1985), lack of parental concern, harsh physical punishment (Baer & Corrado, In: Gorsuch & Butler, 1976) or permissiveness (Hunt, In: Gorsuch & Butler, 1976), and laissez-faire or authoritarian styles (Jurich et al, 1985).

Connected to this theme, from the family systems perspective, are intergenerational coalitions. None of the volunteers explicitly stated that they observed this as a difficulty. Clearly, however, in Mary's case there was a generational reversal of roles and triangulation. Similar evidence was seen in Mark's experience.

10. Favouritism

Three of the family experiences in this study also involved the parental favouritism of one of their children. With the female volunteers, this involved the favouritism of their brothers, the only other sibling in their families. In Mark's situation, he saw himself as the favoured one, in comparison to his two sisters. His situation did not protect him from drug use. Indeed, his experience of being favoured simply involved a "relatively" greater amount of parental attention.

This theme has not been identified explicitly in previous research, however it may be the complement to scapegoating, which has been identified in families of drug users (Jurich, 1985).

11. Parents' Marital Difficulties

Each of the volunteers remembered experiences reflecting the marital difficulties of their parents. These difficulties ranged from the apparently minor disagreements of Brian's parents to the "complementary illness" of Mary's parents and included fights, arguments, disagreements on how to deal with offsprings drug use. These results support existing research which found that marital conflicts exist in a significantly greater number of families with drug users than families with non-users. (Jessor et al, 1973; Stanton, 1979) Other studies have found that drug users come from families interrupted by divorce more often than non-drug users (Vaillant, 1966).

12. Worked to support self in adolescence

Three of the volunteers in this study worked to support themselves during their adolescence, two from the age of fourteen and one from the age of fifteen. The two female volunteers related this as a significant experience. Previous research has found that many drug users leave home early. It would therefore be reasonable to assume that at least some of these persons worked to support themselves. However, a description of its significance appears to be new in research into the life experiences of drug users.

13. Perfectionism

Perfectionism appeared to be a significant theme in the life story of three of the volunteers. For two of the volunteers, this theme appears to be related to low self-esteem (Brian and Mark). For Mary, it is related to having all the answers to cure her family of its insanity. This theme also represent a new finding regarding the experiences of drug users.

14. and 15. Money used to comfort and achievement motivation

Each of these two themes were identified by one of the volunteers and therefore do not constitute significant findings in this study. It may well be that they exist in the lives of significant numbers of drug users, however, further research would have to substantiate this.

Themes related to the understanding of their drug use

As indicated in chapter four, all the volunteers in this study identified the drug use as a coping strategy or an extension of their existing coping strategies. Two of the volunteers (Mary and Mark) also identified symbolic meanings to their drug use. These results are summarized in Table 5.2. on the following page.

1. Coping Strategy

The volunteers saw their drug use as a means of coping with situations in which they were involved. Three of the volunteers saw

Table 5.2

Themes Related to Their Understanding of Their Drug Use

	Volunteer			
Theme	Mary	Brian	Mark	Sarah
Coping Mechanism	-a way of detaching when other ways failed -self medication	-to fit in -to be accepted	-to feel good about self -extension of the fantasy; "to dream in colour"	-calm her down/to/to deal with stress -to escape from what going on around her -to make her laugh -to get her through school
Symbolic Meaning	-a way of bringing an an emotional illness to a halt before institution or death -a way of continuing her role as family nurse		-protection from failure	
Exposure	-worked with morphine as a nurse	-drugs were a part of that portion of the gay world he got involved with	-parents' supply of alcohol at home	-recovering from MVA*/use of pain killers

MVA = Motor Vehicle Accident

their drug use as a means of coping with intolerable family experiences. Two of these saw their drug use as a result of unhealthy family interaction and one used drugs to deal with pain, often the result of family losses. The fourth volunteer used drugs to help him feel like he fit in with a group.

The findings of this study suggest that the situation of two of the volunteers fit with patterns described in previous research.

First of all, Brian's situation is consistent with Jessor's (1982) hypothesis that one of the functions of adolescents' problem behavior, is to confirm aspects of their personal identity to self and others. In the gay community he found his "differentness confirmed." His drug use was a part of this as he thought all gay people use drugs.

Secondly, the use of drugs as a means of detachment (Mary's situation) has been described by Stanton et al (1978). In their research into families of heroin addicts, they hypothesized that the heroin permits the addict to be present physically, but distant in every other way.

The fullness of the descriptions of the functions of the drug use and its relationship to other aspects of the drug users' lives, however, appears to be a new finding in this research project. It will be important to fill out this picture with further research into the functions of the drug use for the addict.

2. Symbolic Meanings

Mark and Mary identified symbolic functions of their drug use. These included, protection from the reality of his failure, for Mark and ending an emotional illness for Mary. In addition, Mary felt the drug use allowed her to do what she had to do. Here she alluded to the fact that it helped her to continue her role as family nurse under unbearable circumstances. These kind of meanings only came, it appears, after the two of them had gone through recovery and reflected back on their drug use experience; the drugs were not used at the time for these purposes. The idea of drug use as protection, is similar to the idea of escape (Reilly, 1975; Stanton et al, 1978), which is not new. Family systems researchers have identified the symbolic functions of drug use, in terms of the family experience, for example, helping the parents deal with loss, vicariously. However, the idea of drug use as bringing the emotional illness of the drug user to an end appears to be new. Further research is needed to explore these and other symbolic meanings to the drug use, from the perspective of the drug user, especially as these themes were present in only two of the lifestories.

3. Exposure

None of the volunteers attributed significance to their exposure, except Brian. That is, they did not speculate what would have happened if they had not been exposed to drugs. Brian felt that if that portion of the gay community was into fundamentalist Christianity, he would have become a fundamentalist. As for the others, this was not reflected upon. Mary, as a nurse, worked with morphine, took it and used it. Mark's parents had plenty of alcohol and prescription drugs around and Sarah, first made contact with drugs through her car accident at the age of eight. In addition, there was plenty of alcohol at home.

Further research should address the significance of the exposure to drugs. This would give support to Stephenhaggen's (1978) theory which postulates a connection between low self-esteem, pressure to use and "drug abuse." It would also explore the relationship between exposure, perceived need for the drugs and serious drug use. Kandal (1980) found support for his theory that serious drug use was related to poor family relationships. However, the value of understanding the motivations to continue drug use exposure, from the addicts point of view is apparent.

Themes related to their understanding/meaning of their lives: The significance of recovery

Each of the volunteers spontaneously shared their understanding of their lives and the meaningfulness within them. These are presented in Table 5.3 on the following page.

Table 5.3

Themes Related to Their Understanding/Meaning of Their Lives

	Volunteer			
Theme	Mary	Brian	Mark	Sarah
1. Making Sense out of Past Pain: The significance of recovery	-role as family nurse -trying to cure craziness	-being different -trying to fit in	-alternate systems -reality and fantasy -failure in reality/ hero in his own dreams	-hasn't reflected much on her experiences -street life made her strong
2. Present goals	-realistic view of normal -believing	-being himself -success at work -defects into strengths -friends	-being himself -religion in balance -working on his own	-being a good mother -take a holiday/go on a "bender"* after baby is born
3. What is important in life?	believing in and caring for myself	Christian values and being myself	working for myself and keeping his religion in balance	friends and drugs -her son

*A Bender is the experience of being high on drugs for a number days at a time.

1. Making sense out of past pain: The significance recovery

As indicated in Table 5.3 and the life stories presented in chapter four, there was a significant difference between the understanding of past pain in the life stories of the three volunteers who went through recovery and Sarah, who continues her drug use. While reflecting on their lives during the process of recovery, Mary, Mark and Brian had identified a major thematic thread that tied their experiences together over time. These were described in the life summaries, earlier in the chapter. Mary felt she had spent her life trying to cure her family; Brian had been compulsively trying to find a place where he could be accepted most of his life; and Mark's life thread was the desire to be like his father and knowing he was a failure at doing that.

The only consistent theme running through Sarah's life, on the other hand, was the desire to escape the pain. This theme was identified by the researcher, and not Sarah. She learned at an early age, not only that drugs made you feel good, but that they also took away the pain. Even in our interviews, there were things she did not want to talk about.

The contrast between Sarah's reflections on her life and the reflections of the three other volunteers on their lives suggest two significant findings. First of all, recovered drug users can provide some valuable insights into the roots of drug use. The themes that were identified by these volunteers, with respect to their family, childhood and adolescent experiences and the understanding of their drug use were pregnant with depth, and quality and quantity of insights. Some of the themes were consistent with previous research and some of the themes identified went beyond existing research. In addition, the themes were presented holistically, not in isolated and fragmentary correlates, as is the case with previous research. This suggests that research seeking to understand the lived world of drug users, from their own perspective has validity.

Secondly, these findings suggests the need for further research in order to identify the meaning of life themes and to ascertain how drug users, recovered and active, understand the pain of their lives. This will increase our understanding of the different forms drug use experiences can take, which will in turn, increase our knowledge of the needs of drug users in treatment and our efficacy in encouraging drug users toward recovery.

2. Present Goals

The present goals described by the volunteers provide another added dimension to the understanding of the lives of drug users. This does not appear to have been addressed in previous research. Life goals are involved in recovery and recovery has different meanings for different persons. Recovery for Sarah appeared to involve, planning out her life, being a good mother, and continued controlled drugs use.

For the recovered in this study, recovery meant a change in lifestyle to one that did not include drugs It meant continuing their own growth. Specifically, Mark and Brian cited, "being myself" as important to them, in addition to achieving success at work. For Brian this meant, working with people and turning his deficits into strengths. Success at work for Mark means turning his dream into reality, and being successful at it - being successful making furniture and working on his own. Mary is trying to maintain a realistic view of "normal," and believe in her higher power, whatever this vague concept means. Somehow the experience of connection to others is involved in that "higher power" for her, after feeling disconnected for so long.

3. What is important in life.

According to Viktor Frankl (1984) the basic human drive is the yearning to make sense out of our existence, the will to meaning. In living we encounter the mystery of ourselves and others. Somehow we have to live in relationship to that mystery in a manner which makes sense. Each of the volunteers shared spontaneously the meaning in their lives.. For Sarah, this involved very concrete aspects of her life - her son, her friends and her drugs. For the others, meaning encompasses aspects of living which are more spiritual. Mark for example, finds working for himself very meaningful. His work also involves his spiritual values. He feels that if he can create something with his hands that pleases a customer, he will have done something worthwhile. Doing good to others, that is "mastering moral virtues" are more important than intellectual virtues and going to church. Mary's spirituality centers around caring for herself - taking quiet time to prepare for her day in the morning and quiet time to reflect on her day in the evening, to learn something new about herself each day. Brian's spirituality involved being himself and living Christian values.

Summary of Findings and Implications for Research and Treatment

The findings

The purpose of this research project was to seek drug users' understanding of their lives. Specifically, the answers to three questions were sought: 1. What kinds of family, childhood and adolescent experiences do drug users describe as significant? 2. What is their understanding of their drug use? and 3. What understanding and meaning do they give to their lives as a whole? Answers to these questions were sought with the attitude of the phenomenologist. That is, I suspended my own values and professional hunches, and allowed myself to be present to the life world of the volunteers. Seeking the "symptom bearers'" understanding of their family life worlds, appears to be new. The methods and procedures yielded findings which reflect this newness.

The findings of this study were of three kinds: 1. those which give confirmation to previous quantitative research projects addressing the families of drug users, 2. those which suggest as yet undescribed experiences of drug users, and 3. those which indicate the validity of case study approaches utilizing the attitude of the phenomenologist. Each of these are summarized below.

1. Confirmation of previous quantitative research

Many of the family, childhood, and adolescent themes, which were described above have been identified as correlates of the families of drug users. These include the reality of the home life. Three of the four volunteers suggested that their family realities did not meet their social/emotional needs, resulting in the volunteers' questions about their worthwhileness. Other themes included the tendency towards escapism as a way of coping (a part of the fantasy theme), leaving home early, loss, parental substance use, poor parenting skills (physical and emotional abuse, neglect, lack of nurturance and encouragement, scapegoating, inconsistent disciplining and so on), and parental marital difficulties.

With respect to themes related to the drug users' understanding of their drug use, previous research has identified the functions of the drug use described by the volunteers in this study: to deal with anxiety, to experience solidarity with peers and to confirm important aspects of personal identity of self and others, in addition to functions related to pseudo-individuation.

2. Previously undescribed experiences of drug users

Previously undescribed experiences of drug users, which were significant to all or some of the drug users in this study included the development of coping strategies other than the drug use (self-talk, detaching, creation of fantasy, perfectionism and so on) to deal with unbearable situations, closeness to grandparents, favouritism, working to support self in adolescence, money as a means of expressing love, and achievement. Some of these themes have been alluded to in previous research, however, the significance of the theme was not highlighted. For example, favouritism was alluded to in research describing its possible complement, scapegoating. Working to support oneself can be implied in research describing leaving home early as significant in lives of drug users, however, the significance of this theme for the drug user has not previously been elaborated.

With respect to the functions of the drug use, two of the volunteers in this study stated clearly that their drug use was related to their family experience. Mary used morphine to deal with the demands of her family through a two year long crisis. Mark drank alcohol to to deal with a poor self-image. This self-image was a direct result, he felt of his parents ridicule, and a perceived expectation that he was to be like his father (and his failure at it). These functions have not been identified in previous research.

In addition, this study suggested symbolic functions of the drug use, protection from failure and bringing an emotional illness to an end. These kind of functions could only be identified by seeking to the drug users' understanding of their drug use.

Brian's experience suggests some aspects of the homosexual drug user which has not been highlighted before in the research. His experience suggests a relationship between the lack of acceptance of homosexuality by society in general and his drug use. The homosexual environment that he stumbled on to, included drugs. As long as homosexuality is considered subversive to the values of the greater society, there will always be portions of this group that will share the experience of other subversive groups in our society, such as drug users. The understanding and tolerance of homosexuality and the acceptance of homosexuals does however, have serious implications for the family. (A discussion of these implications goes beyond the bounds of this study.)

Finally, this study addressed the way the drug user understands his life. The interesting finding here was the experience of recovery. In recovery, three volunteers were able to identify a unifying theme in their life, to which many experiences were related, including their drug use. This was not the case for Sarah, the volunteer who continues her drug use. Another difference between the recovered and Sarah was that, the former achieved a meaningfulness in their lives which suggested some sense of spirituality, whereas Sarah found meaning in more concrete aspects of life.

3. The validity of case study approaches utilizing the attitude of the phenomenologist to understand the life world of drug abusers

Two aspects of the results suggest that phenomenological methods and procedures have validity in understanding the life world of the drug users. First of all, there was a significant overlap between the themes identified by the volunteers in this study and the family correlates of drug use. Secondly, the presentations of the life stories were holistic and revealed the interconnections of the themes or "correlates." One of the main functions of quantitative research, is to identify the extensiveness of a variable in a particular population. This kind of information is important, however, it lacks in its ability to put the pieces ("the correlates") together into the whole (the person who interacts with his world). This research project presents a beginning in the field of drug use - by attempting to put the pieces together in the lives of four persons - providing some support for the validity of the use of phenomenological methods and procedures

Implications for future research

As is the case with most case study research where the sample size is small the generalizability is sacrificed in favour of a few persons' understandings of their lives. It suggests themes which can be further explored in quantitative research and it presents the correlates of a phenomenon as a unified whole - a presentation of a human's experience.

This research contributes to a beginning in the use of a phenomenological attitude to approach an understanding of the family life world of drug users. Consequently, all the themes presented await further confirmation in other attempts to understand family experiences of drug users. Specifically, this project suggests the following considerations for future research:

1. Research needs to confirm the prevalence of the themes identified by the volunteers in this study. For example, what kinds of coping strategies, other than drug use, do drug users typically and atypically use; to what extent do drug users see their relationships with grandparents as significant; are there drug users who experience loss and identify it as a significant theme in their lives; how extensive is the experience of favouritism in the lives of drug users; and so on.

2. There are many expressions of the drug use experience in our society, such the professional user (for example, Mary), the teenage alcoholic (for example, Mark), the gay heroin addict (for example, Brian) the teenage polydrug user (for example, Sarah), the upper class drug user, the skid row junkie and so on. Qualitative research methods and procedures need to identify these different expressions and then attempt to seek these persons' understandings of their life worlds.

3. Research investigating the family experiences of all the family members of families of drug users is indicated. This research should utilize qualitative methods and procedures as well. The goal should be the understanding of the life world of the family with a drug using member.

4. Further research is also suggested by the major finding of this study, that of the significance of recovery in the understanding of life experiences and the drug use. Research is necessry, not only to confirm these findings, but also to expand our understanding of the different kinds of recovery experiences in the lives of reformed drug users. In addition, studies focusing specifically on comparing the difference between the "understandings" of recovered and active drug users.

Implications for treatment

Three of the four volunteers of this study shared their poignant and painful family experiences. The life stories as shared by the volunteers, combined with the results of previous research, suggests a need to include the families of drug users in treatment. Further, the implications suggest, as Auserwald (1981) has called for, "...a system that will support and foster family life." Specifically, though, to the extent that the themes identified in this study are generalizable to other drug users, they have the following implications for treatment (apart from the detoxication needs):

1. Concurrent treatment of the parents, focusing on their addiction or mental illness, the healing of their life pains, enhancing parenting skills, broadening their abilities to encourage their children, appropriate methods of expressing affection, and marital issues.

2. Appropriate ways of meeting drug users' needs should be addressed in therapy. As they approach the time when they are to leave home or after they have left, treatment should foster life skills, replacing drug use as means of meeting various needs.

3. Involvement of the grandparent(s) and other "significant" relatives in therapy, as a means of utilizing these persons' connection and rapport with the drug user. This can be a resource in therapy.

4. Foster motivation to succeed in school.

5. Foster healthy grieving, for those who, like Sarah, have a tendency to hide from the pain in their drugs.

6. Encourage the drug user to find something in life which is meaningful to him/her.

7. Counsellors and therapists need to take the time to explore the themes which are important to the drug users they treat and then to foster healing of the painful issues that keep them tied to their present maladaptive patterns of behavior.

8. Finally, with respect to homosexual drug users, counsellors and therapists must further their understanding of homosexuality. It is necessary to determine if this is indeed the orientation of the drug users, as opposed to a temporary uncertainty

about their sexual identity. If the homosexual orientation is confirmed, then attempts must be made to help these individuals come to an acceptance of thier sexual orientation. Contact must also be made with the homosexual community where healthy expressions of this phenomena exist.

Summary

This chapter has summarized the life stories present in chapter four and integrated the lifestory themes with the literature presented in chapter two. Secondly, it summarized the major findings and their implications for future research and treatment. The family life experiences of three of the volunteers were poignant and painful. Many of them confirmed the findings of previous research, and many of the themes appear to have been described for a first time.

The most significant finding of this study appears to be the significance of recovery in the understanding of the drug users' lives. In this study, the drug users found that the recovery experience gave them the opportunity to look back at their lives, deal with unresolved issues, and to put their pain into a perspective they can understand. It appears that this experience then allowed them to make some realistic goals for living. The significance of the recovery experience was observed in the difference between the lifestories of those who had left their drug use behind, and the volunteer who continued to indulge in the use of drugs.

Because of this mixture in the themes and because of the holistic nature of the results, case study research utilizing the attitude of a phenomenologist were suggested to be valid means of understanding the life world of drug users. Research is recommended which seeks to further understand the addicts' experiences of their families, the experiences of the other family members, and which seeks to understand the different expressions of drug use. In addition, research confirming and expanding our understanding of recovery is suggested.

Finally, treatment focusing on the family, the needs of the parents, the needs of the drug user are recommended.

CHAPTER SIX: CONCLUSION

This research project focused on drug users' understanding of their lives and drug use, and in particular, their family experiences. The objectives of the study focused on their answers to three questions:

1. What kinds of family, childhood and adolescent experiences do past/present drug users describe as significant to them?
2. What is their understanding of their drug use - the factors in their lives which they feel contributed to the drug use and its function in their lives?
3. What is their understanding, or what meaning to they give to their lives and their life experience as a whole?

Originally, the first question was the only questioned posed. However, as the interviews with the four volunteers progressed, it became apparent that they were offering the researcher much more. Consequently, the second two questions were added to the study's objectives.

As this study unfolded, I came to know four persons. The four volunteers shared themselves openly with me. In essence, they gave to me a gift, their life story. As I got to know their life experiences, I became aware that I was entering into unfamiliar territory. I have never experienced the depth, nor the kind of pain they described to me. After the first few interviews, I was somewhat overwhelmed. This feeling however, did not debilitate me. On the contrary, it motivated me to try to understand their experiences further. At times I found himself wanting to keep the tape recorder off and just visit with them. They each appeared to be receptive, likable and interesting persons.

Before entering into the interview relationships, I took the time to review some of the existing research on the topic of families of drug users. This included research from the family systems perspective, social psychological perspectives and qualitative research into the lives of drug users in general.

The major shortcoming of the research from family systems and social psychological perspective has been to neglect the understanding of the perspective of the individual drug user of his family life. In this study, I made use of a case study approach with the attitude of a phenomenologist. That is, I sought the perspective of the drug users themselves, being open to their lived experiences as they remember and understand them.

Utilizing qualitative procedures with the attitude of the phenomenologist or the ethnomethodologist has a number of advantages over quantitative research. First of all, researchers go to the phenomena with the intention of leaving behind their preconceived notions of what they are going to find, that is, to the extent that that is possible. The researcher can then be open to the variations that the phenomena might take (Becker, 1963). Human experience is full of ambiguity and at times lacking in order. This attitude prevents the researcher from placing order, where no order exists (Faraday and Plummer, 1979).

Secondly, researchers approaching phenomena with this attitude seek to understand the "natives point of view" (Malinowski, In: Spradley, 1979). The researcher asks, "What is it like to be an addict?" rather than, "How do we explain what it is like to be an addict?" Approaching human experience with this attitude fills the gap existing in our understanding of psychological disturbances described by Sartre, (In Keen, 1978) grasping "...the response of the person to..." the situation s/he is experiencing.

Finally, the goal of these methods can be the development of theory and/or understanding grounded in the experience. Becker (1963) has called this theory development, "analytic induction," and Glasser and Strauss (1967) called their versions of it "Grounded Theory," and the methodology used to arrive at it the "Constant Comparative Method." Although, some qualitative methodologies do not always involve theory development, the goal is to enhance our understanding of a phenomenon in a manner which reflects the lived life world experience. Such was the intention of this study.

In this study I attempted to seek the growing up experiences of drug users, their meaning of their drug use and their lives. I went to them seeking their own descriptions and their own understandings of their life experiences. A life story interview method (Tagg, 1985) was chosen to permit the researcher to get close to the experiences of the drug users. The interview "data" was then analysed in a manner consistent with the attitude of the phenomenologist. I immersed myself into the remembered experiences, first in the interviews themselves and then by patiently dwelling with the interviews, by listening to the tapes and by reading the transcriptions. The transcriptions were coded according to the meanings inherent in experiences which were shared with me. The goal was to remain as faithful to the experiences of the four volunteers as possible. These procedures have been described by Wertz. (1984)

The meanings were then organized into themes which gave structure to the life stories presented in chapter four. Fifteen themes related to family, childhood, and adolescent experiences, were described. These ranged from the descriptions of their reality and their retreat from the pain of that reality into fantasy, to the negative feelings regarding themselves. Drug use was primarily seen as a coping mechanism and the understanding of their lives were presented according to the understanding of their pain, their present goals and the meaning they experience in their lives. Each life story was presented holistically in an attempt to be faithful to their own experience and understanding as they described it. This means of presentation had the advantage of revealing the interconnections between theme, rather showing isolated variables correlated with drug use.

Finally, in chapter five, the findings of this study were presented, in addition to their implications for further research and treatment. The significant findings of this study included the overlap in themes identified by previous quantitative research and this this qualitative study. This gives consensual validity to methodologies utilizing the attitude of the phenomenologist. Secondly, the holistic nature of the findings provides a picture of how many variables, identified in isolation by previous quantitative research, interact together.

With respect to apparently new themes, the findings included: the development of alternative coping strategies, closeness to grandparents, favouritism, working to support self in adolescence, so on. Probably the most important finding of this study appears to be the significance of recovery. The three volunteers who had recovered had identified unifying themes in their lives after dealing with their past pain in recovery. The one volunteer who had not "recovered," on the other hand, did not appear to have dealt with her life's pains, and therefore did not relate her lifestory with the same unity as the others.

On this side of the research project, I feel very grateful to Mary, Brian, Mark, and Sarah for the gift that each of them gave to me. They each gave me a part of their lives. They received me warmly and openly into their homes for a few hours in their lives. They shared with me their vision of their life experiences and their understanding of their drug use. I owe them a debt which cannot be expressed in words. My hope is that this project can be a thank you to them because I have tried to be faithful to their life stories as they were offered to me.

Drug use has been described in many ways in the preceding pages. Drug use as part of a culture driven "underground" is one that has particular meaning for the researcher as I reflect back on the project. My thoughts turn to Terhart's (1985) comparison of the colonization of the third world to the "colonizing" of the life experiences of those portions of society which are driven underground. This colonization takes place when researchers, therapists, politicians, and other sectors of society describe the lives of the suffering, through the eyes of their biases, values, and theories (developed in university settings and the corridors of parliaments and legislatures). Our values, biases, theories are very important, and we need to seek to understand in our own ways. However, we must seek to understand the perspective of others before we can dialogue with them. We need to dialogue with them if we, who have power are going to encourage them to improve their lives. The improvement of their experience needs to be done in a manner acceptable by all, in a manner which respects and utilizes their rhythms and meanings of their living, rather than our own. We cannot impose our lives on theirs.

REFERENCES

Agar, M. (1973). *Ripping and running: A formal ethnography of urban heroin addicts*. New York: Seminar Press.

Agar, M. (1980). Stories, background knowledge and themes: Problems in the analysis of life history narative. *American Ethologist*, *7* (2), 223-239.

Alexander, B.K. & Dibb, C.S. (1975). Opiate addicts and their parents. *Family Process*, *14*, 491-514.

Alexander, B.K. & Hadoway, B.F. (1981). Opiate addiction: The case for adaptive orientation. *Psychological Bulletin*, *92* (2), 367-381.

Apsler, R. (1978). Untangling the conceptual jungle of drug abuse. *Contemporary Drug Problems*, 7 (1), 55-80.

Auserwald, E.H. (1980). Drug use and families - In the context of the Twentieth Century. In B.G. Ellis (Ed.), *Drug Abuse from the Family Perspective*. Rockville, MD: National Institute on Drug Abuse.

Babst, D.V.; Deren, S.; Schmeidler, J.; Lipton, D.S. & Dembo, R. (1978). A study of family affinity and substance use. *Journal of Drug Education*, *18* (1), 29-40.

Bateson, G.; Jackson, D.; Haley, J. & Weakland, J. (1968). Toward a theory of Schizophrenia. In Don Jackson (Ed.), *Communication, Family and Marriage*. Palo Alto: Science and Behavior Books.

Beavin-Bavelas, J. (1984). On "Naturalististic" family research. *Family Process*, *23*, 337-341.

Becker, H.S. (1963). *Outsiders: Studies in the sociology of devience*. London: The Free Press of Glencoe.

Bennet, B. (1972). *The cross and the needle*. Oshawa, Ontario: Pacific Press Publishing Association.

Bertaux, D. & Bertaux-Wiame,I. (1981). Life stories in the bakers' trade. In D. Bertaud (Ed.), *Biography and Society*. London: Sage.

Blum, R.H. & Associates (1972). *Horatio Algar's Children*. San Fransisco: Jossey-Bass, Inc.

Bowen, M. (1978). *Family therapy in clinical practice*. New York: Aronson.

Carter, E. & McGoldrick, M. (1982). The family life cycle. In F. Walsh (Ed.), *Normal Family Processes*. New York: The Guilford Press.

Capuzzi, D. & Lecoq, C.L. (1983). Social and personal determinants of adolescent use and abuse of alcohol and marijuana. The *Personnel and Guidance Journal*, *62* (4), 199-205.

Cohen, C.P.; White, E.H. & Schoolar, J.C. (1971). Interpersonal patterns of personality for drug-abusing patients and their therapeutic implications. *Archives of General Psychiatry*, *24*, 353-358.

Chein, I.; Gerard, D.L.; Lee, R.S. & Rosenfield, E. (1964). *The road to H: Narcotics, delinquency and social policy*. New York: Basic Books, Inc.

Coleman, S. (1980). Incomplete mourning in the family trajectory: A circular journey to drug abuse. In B.G. Ellis (Ed.), Drug Abuse from the Family Perspective. Rockville, MD: National Institute on Drug Abuse.

Coleman, S.; Kaplan, J.D. & Downing, R. (1986). Lifecycle and loss: The spiritual vacuum of heroin addiction. Family Process, 25 (5), 5-23.

Coleman, S. & Stanton, M.D. (1978). The role of death in the addict family. Journal of Marriage and Family Counselling, 5 (2), 5-23.

Compas, B.E.; Slavin, L.A.; Wagner, B.M. & Vannatta, K. (1986). Relationship of life events and social support with psychological dysfunction among adolescents. Journal of Youth and Adolescence, 15 (3), 205-221.

Cortina, M. (1970). Stroke a slain warrior. New York: Columbia University Press.

Crescimanno, R. (1973). Mind, self, and the hallucinogens. New York: MSS Information Corporation.

Duvall, E.M. (1967). Family development. Philadelphia: J.B. Lippincott Co.

Eisenstadt, J.M. (1978). Parental loss and genius. American Psychologist, 33, 211-223.

Eisenthal, S. & Udin, H. (1972). Psychological factors associated with drug and alcohol usage among neoghborhood youth corps enrollees. Developmental Psychology, 7 (2), 119-123.

Elder, G.H. (1975). Age differentiation and the life course. In A. Inkeles, J. Coleman, and N. Smelser (Eds.), Annual Review of Sociology, Volume One. Palo Alto, CA: Annual Reviews, Inc.

Elder, G.H. (1978). Family history and the life course. In T. Haravan (Ed.), Transitions. New York: Academic Press.

Ellinwood, E.; Smith, W. & Vaillant, G. (1966). Narcotic addiction in males and females: A comparison. International Journal of Addictions, 1 (3), 33-45.

Faraday, A. & Plummer, K. (1979). Doing life histories. Sociological Review, 27 (4), 773-798.

Fiddle, S. (1967). Portraits from a shooting gallery: Life styles from the drug addict world. New York: Harper and Row, Publishers.

Ferguson, P.; Lennox, T. & Lettieri, D. (1974). The non-medical use of drugs related to all modes of death. Rockville, MD: National Institute on Drug Abuse (DHEW Pub. No. ADM 75-188).

Fisher, L. (1982). Transactional theories but individual assessment: A frequent discrepancy in family research. Family Process, 21, 313-320.

Frankel, P.M.; Behling, C.F. & Dix, T. (1975). The parents of drug users. Journal of College Student Personnel, 16 (3), 244-247.

Frankl, V. (1984). Man's search for meaning. New York: Pocket Books.

Gibbs, J.T. (1982). Psychosocial factors related to substance abuse among delinquent females: Implications for prevention and treatment. American Journal of Orthopsychiatry, 52 (2), 261-271.

Giorgi, A. (1970). *Psychology as human Science*. New York: Harper and Row.

Glaser, B.G. (1969). The constant comparative method of qualitative analysis. In George J. McCall and J.L. Simons (eds.), *Issues In Participant Observation: A Text and Reader*. Don Mills, Ontario: Addison-Wesley Publishing Company.

Glaser, B.G. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Gorsuch, R.L. & Butler, M.C. (1976). Initial drug abuse: A review of predisposing social psychological factors. *Psychological Bulletin, 83* (1), 120-137.

Haber, R.A. (1983). The family dance around drug abuse. *The Personnel and Guidance Journal, 16*, 428-431.

Hansen, W.B.; Malotte, C.K.; Collins, L. & Feilding J.E. (1986). Dimensions and Psychosocial Correlates of adolescent alcohol use. *Journal of Alcohol and Drug Education, 33* (2), 19-31.

Heschel, A. (1968). *Who Is Man?* Stanford, CA: Stanford University Press.

Heschel, A. (1976). *God in search of man: A philosophy of Judaism*. Ney York: Farrar, Straus and Giroux.

Hodgeson, James & Lewis, R.A. (1979). Pilgrim's progress III: A trend analysis of family theory and methodology. *Family Process, 18*, 163-173.

Hughes, H.M. (Ed.) (1961). *The fantastic lodge: The autobiography of a girl drug addict*. Boston: Houghton Mifflin Company.

Jessor, R. (1982). Problem behavior and developmental transition in adolescence. *The Journal of School Health, 52* (5), pp. 295-300.

Jessor, R; Jessoer, S.L. & Finney, J. (1973). A social psychology of marijuana use: Longitudinal studies of high school and college youth. *Journal of Personality and Social Psychology, 1*, 1-15.

Jurich, A.P.; Polson, C.J.; Jurich, J.A. & Bates, R.A. (1985). Family factors in the lives of drug users and abusers. *Adolescence, 20* (77), 143-159.

Kandal, D.B.; Kessler, R.C. & Margulies, R.Z. (1978). Antecedents of adolescent initiation into stages of drug use: A developmental analysis. *Journal of Youth and Adolescence*, 7 (1), 13-40.

Kaplan, H.B. (1985). Testing a general theory of drug abuse and other devient adaptions. *Journal of Drug Issues, 15* (4), 477-492.

Keen, E. (1978). Psychopathology. In R.S. Valle and M. King. (Eds.), *Existential-Phenomenological Alternatives for Psychology*. New York: Oxford University Press.

Klagsbrun, M. & Davis, D. (1977). Substance abuse and family interaction. *Family Process, 16* (2), 149-164.

Kovach, J.A. & Glickman, N.W. (1986). Levels and psychosocial correlates of adolescent drug use. *Journal of Youth and Adolescence, 15* (1), 61-77.

Lettieri, D.J. (1980). Drug abuse: A review of explanations and models of explanations. *Advances in Alcohol and Substance Abuse, 4* (3/4), 9-40.

Levine, B. (1985). Adolescent substance abuse: Towards and integration of family systems and individual adaption theories. *American Journal of Family Therapy*, *13* (2), 3-16.

Lowney, J. (1984). The role of the nonparticipant observer in drug abuse research. *Adolescence*, *19* (74), 425-434.

McCall, G. & Simmons, J.L. (1969). *Issues in participant observation: A text and reader*. Don Mills, Ontario: Addison-Wesley Publishing Company.

McGoldrick, M. & Gerson, R. (1985). *Genograms in family assessment*. New York: W.W. Norton and Company.

Minuchin, S.; Rosman, B. & Baker, L. (1978). *Psychosomatic families: Anerexia nervosa in context*. Cambridge, Mass.: Harvard University Press.

Needle, R.H.; Glynn, T.J. & Needle, M.P. (1983). Drug abuse; Adolescent addictions and the family. In Charles R. Figley and Hamilton I. McCubbin (Eds.), *Stress and the Family: Volume II: Coping with Catastrophe*. New York: Brunner/Mazel, Publishers.

Novak, A.L. & Van Der Veen, F. (1970). Family concepts and emotional disturbance in families of disturbed adolescence with normal siblings. *Family Process*, *9*, 157-171.

Peele, Stanton. (1985). *The meaning of addiction*. Toronto: Lexington Books.

Rabkin, J. (1968). Methodology for studying family interaction. In W.D. Winter and A.J. Ferreira (Eds.), *Communication, Family and Marriage*, Palo Alto, CA: Science and Behavior Books.

Rees, C.D. & Wilborn, R.L. (1983). Correlates of drug abuse in adolescents: A comparison of families of drug abusers with families of nondrug abusers. *Journal of Youth and Adolescence*, *12* (1), 55-63.

Reilly, D.M. (1975). Family factors in the etiology and treatment of youthful drug abuse. *Family Therapy*, *2*, 149-171.

Reilly, D.M. (1984). Family therapy with drug abusers and their families: Defying gravity and achieving escape velocity. *Journal of Drug Issues*, *14* (2), 381-391.

Ritterman, M. (1983). *Using hypnosis in family therapy*. San Fransisco: Jossey-Bass, Inc.

Runyan, W.K. (1978). Life course as a theoretical orientation: Sequences of person-situation interaction. *Journal of Personality*, *46*, 569-593.

Runyan, W.K. (1980). A stage-state analysis of the life course. *Journal of Personality and Social Psychology*, *38* (6), pp. 951-962.

Russell, Ellen. (1971). *The last fix: Dan Russell and the world that lost him*. New York: Harcourt, Brace, Javnovich, Inc.

Sadava, S.W. & Forsyth, R. (1976). Drug use and a social psychology of change. *British Journal of Addiction*, *71*, 335-342.

Selvini-Palazzoli, M.S. (1974). *Self-starvation: From the intrapsychic to the transpersonal approach to anorexia nervosa*. Chaucer: Human Context Books.

Selvini-Palazzoli, M.S.; Boscolo, L.; Cecchin, G. & Prata, G. (1978). *Paradox and Counterparadox*. New York: Jason Aronson

Sinclair, U. (1956). The cup of fury. Great Neck, NY: Channel Press.

Shea, J. (1980). Stories of faith. Chicago, Ill.: The Thomas More Press.

Speck, R.V.; Barr, J.; Eisenman, R.; Foulks, E.; Goldman, A.; & Lincoln, J. (1972). The new famililies: Youth, communes and the politics of drugs. New York: Basic Books, Inc., Publishers.

Spradley, J.P. (1979). The ethnographic interview. Toronto: Holt, Rinehart and Winston.

Stanton, M.D. (1977). The addict as savior: Heroin, death and the family. Family Process, 16, 191-197.

Stanton, M.D. (1979a). Drugs and the family. Marriage and Family Review, 2, 1-10.

Stanton, M.D. (1979b). Family treatment approaches to drug abuse problems: A review. Family Process, 18, 251-280.

Stanton, M.D.; Todd, T.C.; Heard, D.B.; Kirschner, S.; Kleiman, J.I.; Mowat, D.T.; Riley, P.; Scott, S.M. & Van Deusen, J.M. (1978). Heroin addiction as a family phenomenon: A new conceptual model. American Journal of Drug and Alcohol Abuse, 5 (2), 125-150.

Staples, A. (1978). The scorpion's tail. London: Paul Elek

Stephenhagen, R.A. (1978). An Adlerian approach toward a self-esteem theory of devience: A drug abuse model. Journal od Alcohol and Drug Education, 24 (1), 1-13.

Stern, M.; Northman, J.E. & Van Slych, M.R. (1984). Father ansence and adolescent "problem behaviors": Alcohol consumption, drug use and sexual activity. Adolescence, 19 (74), 301-312.

Tagg, S. (1985). Life story interviews and their interpretation. In M. Brenner; J. Brown & D. Canter (Eds.), The Research Interview: Uses and Approaches. Toronto: Academic Press.

Terhart, E. (1985). Observation: The adventures of interpretation: Approches to validity. Curriculum Inquiry, 15 (4), 451-464.

Thomsen, R. (1975). Bill W. New York: Harper and Row, Publishers.

Tudor, C.G.; Petersen, D.M. & Elifson, K.W. (1980). An examination of the relationship between peer and parental influences and adolescent drug abuse. Adolescence, 15 (60), 783-798.

Vaillant, G.E. (1966). A 12-year follow-up of a New York narcotic addicts. Archives of General Psychiatry, 15, 119-123.

Valle, R.S. & King, M. (1978). An introduction to existential-phenomenological thought in psychology. In R.S. Valle and M. King (Eds.). Existential-Phenomenological Alternatives for Psychology, New York: Oxford University Press.

Van Mannen, M. (1984). "Doing" Phenomenological Research and Writing: An Introduction. Edmonton: The University of Alberta, Publication Services.

Watzlawick, P.; Beavin, J.H. & Jackson, D.J. (1963). Pragmatics of Human Communication. New York: Norton.

Watzlawick, P.; Weakland, J.; & Fisch, R. (1974). Change: Princliples of problem formation and problem resolution. New York: Norton.

Wellish, D.; Gay, G. & McIntee, R. (1970). The easy rider syndrome: pattern of hetero- and homosexual relationships in a heroin addict population. Family Process, 9, 425-430.

Weller, L. & Luchterland, E. (1983). Family relationships of "problem" and "promising" youth. Adolescence, 18 (69), 93-100.

Wertz, F.J. (1984). Proceedures in phenomenological research: Research and the question of validity. In C.M. Aanastoos (Ed.), Exploring the lived world: Readings in Phenomenological Psychology (Vol. 23). Carrollton, GA: West Georgia College Studies in the Social Sciences.

White, M. (1983). Anorexia nervosa: A transgenerational system perspective. Family Process, 22 (3), 255-273.

Wolf, B.M. (1981). The struggling adolescent: A social-pehnomenological study of adolescent substance abuse. Journal of Alcohol and Drug Education, 26 (3), 51-61.

Wright, L.S. (1985). High school polydrug users and abusers. Adolescence, 20 (80), 853-861.

Zinberg, N.E.; Harding, W.M. & Apsler, R. (1978). What is drug abuse. Journal of Drug Issues, 8 (1), 9-35.

APPENDIX

Masters Thesis Research Project

TIT[illegible] The Life Experiences and Their Meanings of Persons Who Use or Have Used Drugs

RESEARCHER: Paul J.L. Preston
Phone: 432-5205

QUALIFICATIONS OF THE RESEARCHER: The researcher is a trained counsellor in family, marriage, and individual counselling. At present he is working as a counsellor at Leduc Family and Community Support Services and at Student Counselling Services, University of Alberta, while completing his Masters Degree in Education in Counselling Psychology. He has also worked as a Pastoral Care Worker at the General Hospitial and in other capacities in health care settings.

PURPOSE OF THE STUDY: There has been much statistical and demographic research on the characteristics of drug use and abuse, drug users and their families, but little research on the experiences of drug users and the meanings of the experiences from their point of view. The purposes of this study therefore, is to come to an understanding of significant experiences and their meanings in the lives of individuals who use or have used drugs.

VOLUNTEERS REQUIRED FOR THE STUDY: Five (5) individuals roughly between the ages of eighteen to thirty-five who have used drugs to the point where the drug use affected the performance of day-to-day activities. The use of the drug(s) should have occurred at least twice monthly for the duration of at least one year during their adolescent years (13 to 21). The drugs used to this extent may have included alcohol or any illegal drug. The drug use may be ongoing.

TIME AND ACTIVITY REQUIRED OF THE VOLUNTEERS: 1. Approximately 1.5 to 2.5 hours to fill out three questionnaires 2. Approximately 4 hours interview time with the interviewer.

NOTE: 1. Because of the nature of the topic and the possibility that the experiences of the persons which will be focused on, could be quite painful there will be counsellors available to help them deal with whatever feelings or difficulty they may have. This may be more or less of a risk, depending on the needs of the individual. I see myself as ethically bound to provide this as an adjunct to the research because of the nature of the study.

Any questions regarding the study may be addressed to the researcher at the above phone number. If he cannot be reached there, when you phone please leave your number and a time when you can be reached. The researcher will meet those persons involved in contacting volunteers at any suitably arranged time to discuss the study further.

Volunteer's Consent Form

I, ..., agree to take part in the above study with the understanding that all the information I give to the researcher will remain confidential and that no identifying data will accopmany the personal information used in any published material. I agree to take part in this study with the understanding that my anonymity will be respected.

Signed: ....

Researcher's Declaration

I, Paul Preston, declare that all information given to me by the aforementioned volunteer will be held in the strictest confidence, that no identifying data will accopmany the personal information given to me by the said volunteer, and that the tapes of our conversations will be erased at the end of this study. I further declare that if the information given to me by the said volunteer is to be used for any other purpose that this study, permission will be sought first from him/her. If permission is not granted, the information will not be used.

Signed: ....
(Researcher)